

Name  
in  
Full

William Raymond Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

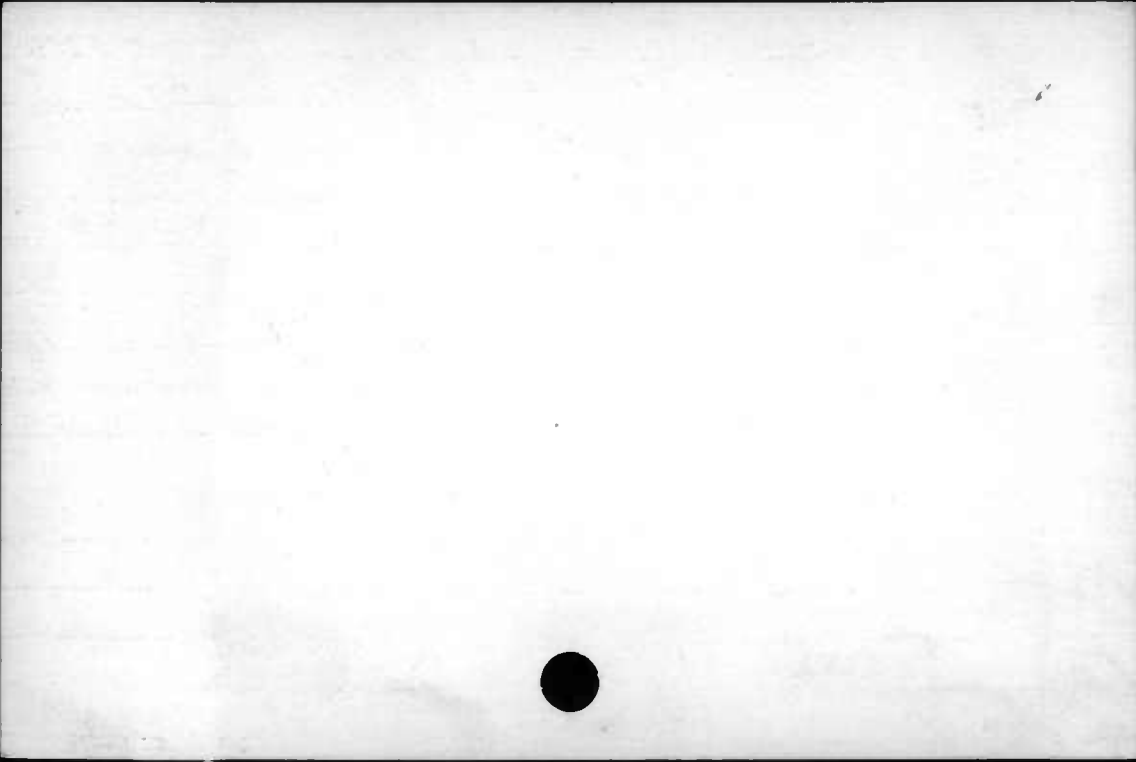
Died at <i>Mt Zion</i>		<i>Washington</i> County		MARYLAND	
Date of death	1907	Month	5	Day	4
Age		Year		Months	Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>Mt Zion</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>widowed</i>		Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

(61)

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatism &amp; Sciatica</i>	How long	<i>4 weeks</i>
Immediate	<i>Meningitis (Cerebral)</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>C. L. Wachter, M. D.</i>	
		Address	
		<i>Sabillasville Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

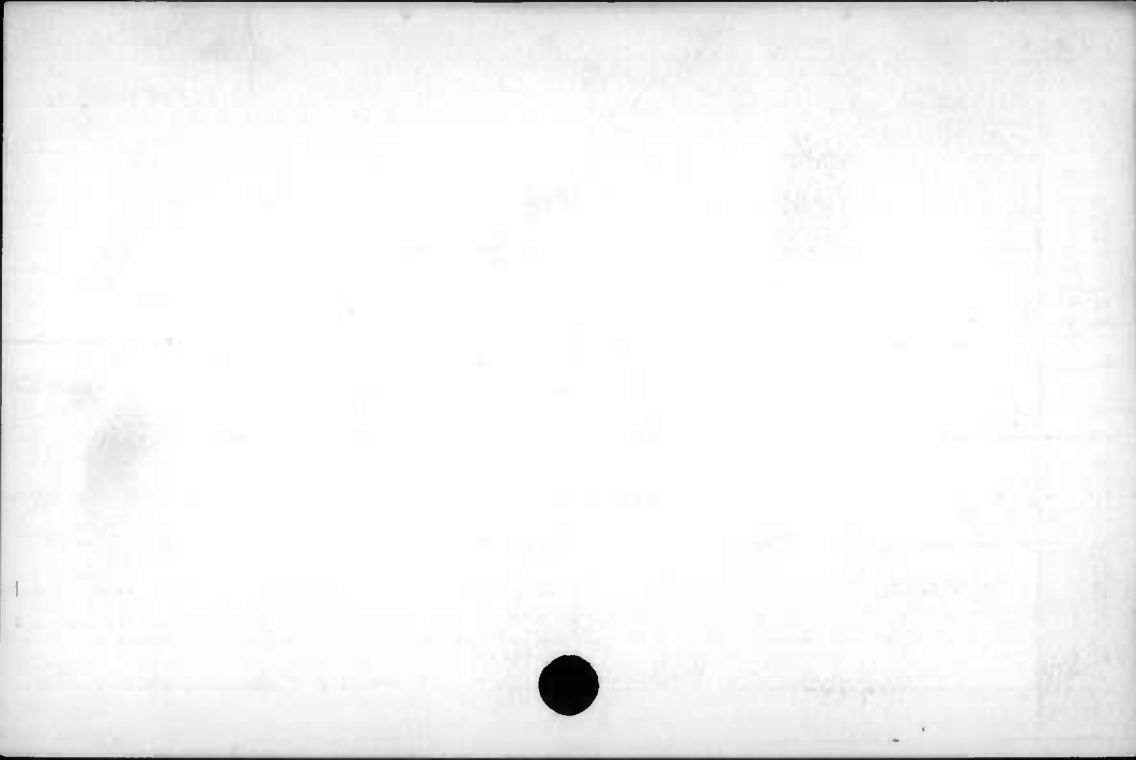
Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1904</i>	Month	<i>5</i>	Day	<i>18</i>
Age	<i>69</i>	Years		Months	
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Id</i>
Occupation	<i>Druggist</i>	Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Lavinia Mabley</i>			
Father's Name	<i>John Byers</i>	Father's Birthplace <i>Id</i>			
Mother's Maiden Name	<i>Elizabeth Byers</i>	Mother's Birthplace <i>Id</i>			
Name of person giving information	<i>Bessie Byers</i>	How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Nephritis</i>	How long	<i>6 hrs</i>
Immediate	<i>Heart Failure</i>	How long	<i>one hr</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. E. Pittsogle</i>
		Address	<i>Hagerstown</i>
Accident or Suicide?	<i>—</i>		<i>Maryland</i>

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Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Still Born child of Ernest L. Bertha Cave

Died at <u>26 years</u> <u>town</u> <u>Wash</u> <u>County</u>		MARYLAND	
Date of death   907	Month <u>5</u>	Day <u>18</u>	Age <u>Years</u> <u>Months</u> <u>Days</u>
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>md.</u>	
Occupation <u></u>	Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>+ X</u>		
Father's Name <u>Ernest L. Cave</u>	Father's Birthplace <u>Va</u>		
Mother's Maiden Name <u>Bertha Fox</u>	Mother's Birthplace <u>"</u>		
Name of person giving information <u>Ernest L. Cave</u>	How related to deceased <u>father.</u>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still born</u>	How long <u>✓</u>
Immediate		How long <u>✓</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W. B. Miller</u>
		Address <u>Hogziston</u>
Accident or Suicide? <u></u>		

Elgin, Va.

Page County.

Name  
in  
Full

Mary, Louisa, Center

## CERTIFICATE OF DEATH

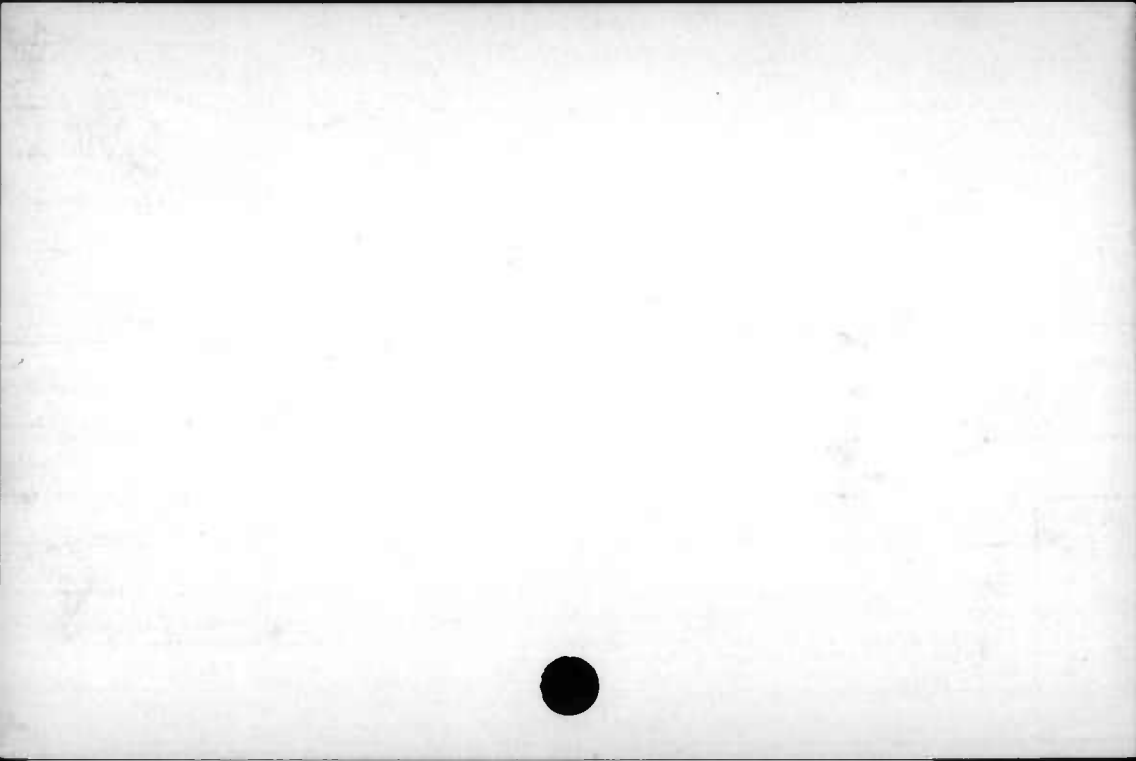
Died at <i>Yardwoburg</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>5</i>	Day <i>21</i>	Age	Years Months Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Id</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____			
Father's Name <i>Charles Center</i>		Father's Birthplace <i>Id</i>			
Mother's Maiden Name <i>Rose, Main</i>		Mother's Birthplace <i>Id</i>			
Name of person giving information <i>J. W. Campbell</i>		How related to deceased <i>Not</i>			

TO BE ANSWERED BY  
NEAREST FRIEND

## CAUSES OF DEATH

Primary	<i>Unknown</i>	How long <i>157</i>
Immediate	<i>Yes</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. T. Youree</i>
		Address <i>W. Brownville</i>
Accident or Suicide? _____		<i>Id</i>

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>26</i>	Age <i>79</i>	Years <i>7</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Pa</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Louise M. Krebs</i>					
Father's Name <i>John Krebs</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Mary Sugart</i>		Mother's Birthplace <i>MD</i>					
Name of person giving information <i>E. R. Baker</i>		How related to deceased <i>daughter</i>					

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary <i>Nephritis Endocarditis</i>	How long <i>2 or 3 years</i>
Immediate <i>"</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Mason M.D.</i>
	Address <i>Washington D.C.</i>
Accident or Suicide? <i>No</i>	

Winchester

Name  
in  
Full

Magnus J Davies

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town		<i>Washington</i>		County		MARYLAND	
Date of death <i>1907</i>		Month <i>5</i>		Day <i>16</i>		Age		Years Months Days <i>1</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>					
Occupation				Where Residing if not at place of death					
Married, Single or Widowed				Name of Wife or Husband					
Father's Name <i>Magnus J Davies</i>				Father's Birthplace <i>Whales</i>					
Mother's Maiden Name <i>Agnus E. Krutz</i>				Mother's Birthplace <i>Md</i>					
Name of person giving information				How related to deceased <i>Father</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Prunative</i>		How long <i>Four hours</i>	
Immediate		How long <i>Few hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Chas. B. Boyle M.D.</i>	
		Address <i>Hagerstown, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Still Point</i> Town <i>Hagerstown</i>		County <i>Delaware</i>		MARYLAND	
Date of death	1907	Month	5	Day	24
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation			Birth-place	<i>md</i>	
Married, Single or Widowed <i>single</i>			Name of Wife or Husband		
Father's Name <i>Walter S Delander</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Rebecca Davis</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Walter Delander</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>—</i>
Immediate	<i>Myocardial Infarction in Mother</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>Chas. R. Baylind</i>	
Address			
<i>[Redacted]</i>			
<i>Accident or Suicide?</i>			

Appena

Rose Hill

Name  
in  
Full

Harry Donaldson

CERTIFICATE OF DEATH

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NEAREST FRIEND

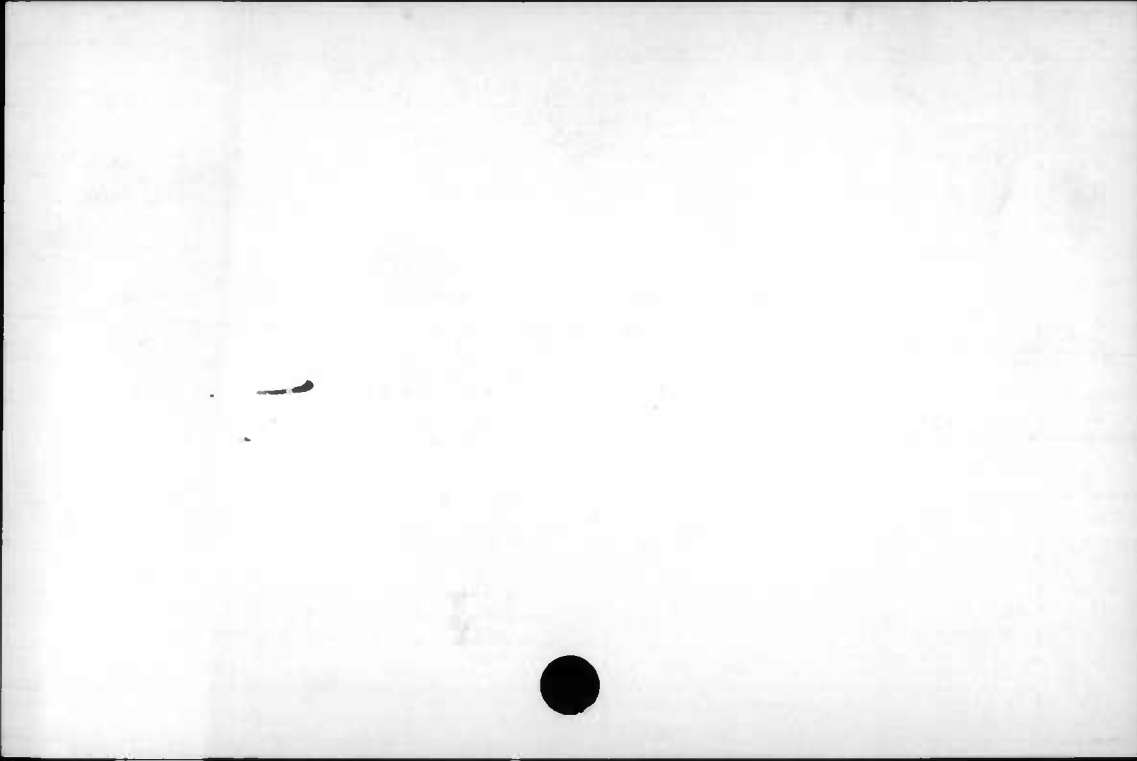
Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Wash.</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i> <sup>Month</sup>	<i>5</i> <sup>Day</sup>	Age	<i>12</i> <sup>Years</sup>	<i>11</i> <sup>Months</sup> <i>29</i> <sup>Days</sup>
Sex	<i>male</i>	Color or Race	<i>white</i>	Birth-place	<i>Md.</i>
Occupation	<i>child</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>John P. Donaldson</i>			Father's Birthplace	<i>Scotland</i>
Mother's Maiden Name	<i>Virginia J. Weaver</i>			Mother's Birthplace	<i>Va.</i>
Name of person giving information	<i>John Donaldson</i>			How related to deceased	<i>brother.</i>

CAUSES OF DEATH

**47**  
How long

PHYSICIAN  
OR CORONER

Primary	<i>Influenza &amp; very Rheumatism</i>	How long	<i>3 day &amp; -</i>
Immediate	<i>Endocarditis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes.</i>	Signature of Physician	<i>Victor Miller</i>
		Address	<i>Stagnotown</i>
Accident or Suicide?	<i>No</i>		<i>Md.</i>





Name  
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Full

Mrs. Ida E. Doub

## CERTIFICATE OF DEATH

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NEAREST FRIEND

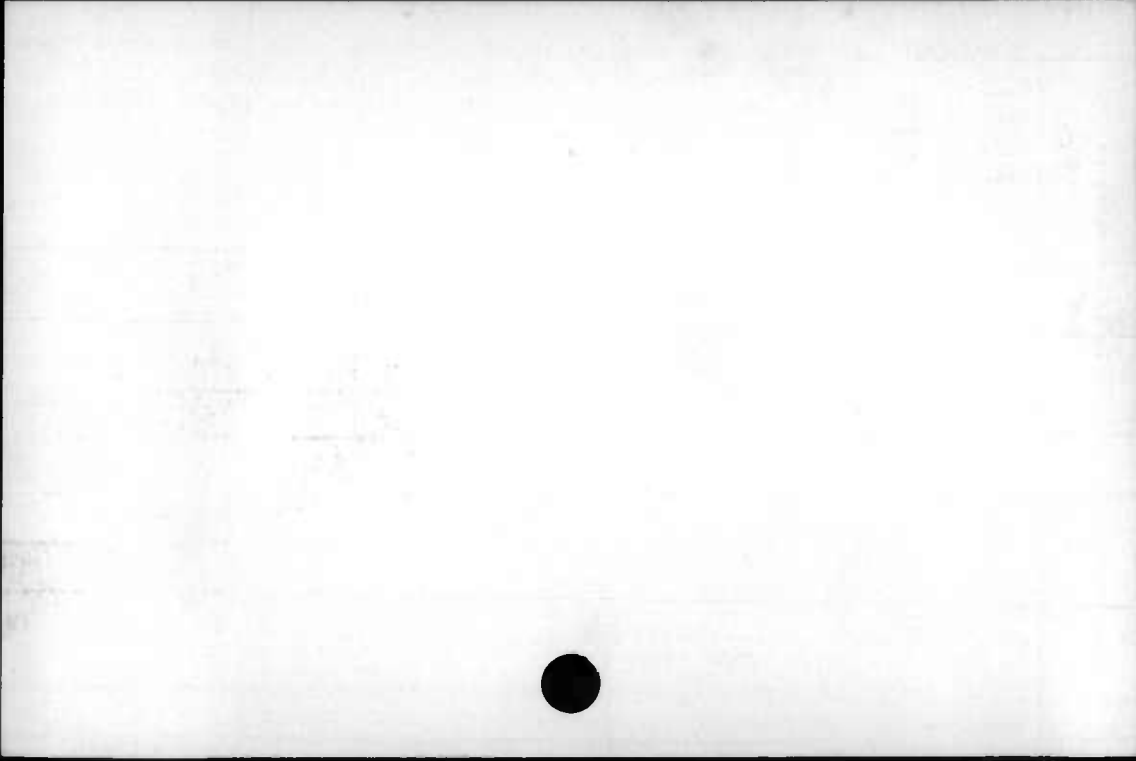
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		5	28	41			
Female		Color or Race		white		Birth-place	
Md.		Occupation		F. W.		Where Residing if not at place of death	
Married, Single or Widowed		married		Name of Husband		Daniel W. Doub.	
Father's Name		Abraham Secrist		Father's Birthplace		Md.	
Mother's Maiden Name		Susan E. Zimmerman		Mother's Birthplace		"	
Name of person giving information		D. W. Doub		How related to deceased		husband	

## CAUSES OF DEATH

(120)

PHYSICIAN  
OR CORONER

Primary	Uraemia	How long	12 hours
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		3 to	
Signature of Physician		W. Preston Miller	
Address		Hagerstown Md.	
Accident or Suicide?		No	



Name  
in  
Full

## CERTIFICATE OF DEATH

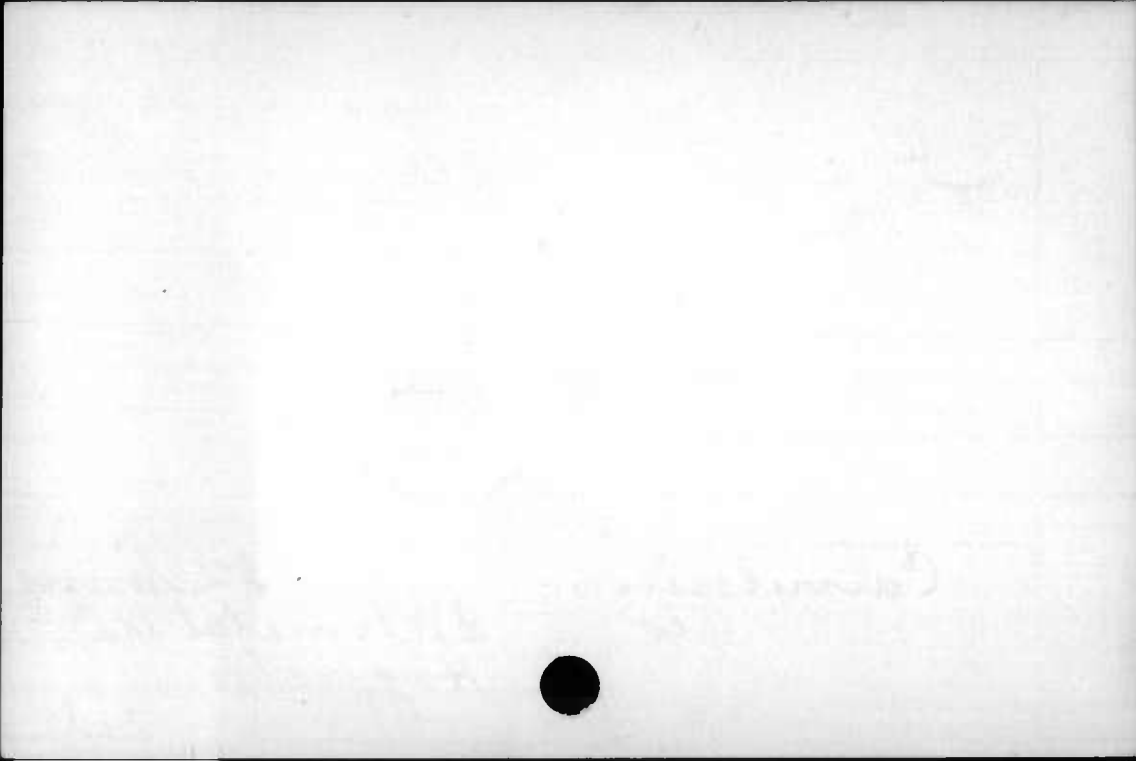
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>20</i>	Years <i>—</i>	Months <i>—</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>MD</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>James F. Feigley</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Mary E. O'Connor</i>		Mother's Birthplace <i>Va</i>			
Name of person giving information <i>James F. Feigley</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis of mother (probably)</i>	How long <i>—</i>
Immediate <i>Winkels Disease</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Mary A. Laughlin</i>
	Address <i>Hagerstown</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Herald E. Fisk

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		5	13				
Sex		Color or Race		Birth-place			
Male		White		Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Lemuel Fisk				Md			
Mother's Maiden Name				Mother's Birthplace			
Gertrude Ward				Mo.			
Name of person giving information				How related to deceased			
				Father			

## CAUSES OF DEATH

(71)

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Convulsions	2 hours
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	J. H. Umstad M.D.
Address	Hagerstown Md
Accident or Suicide?	

Watkins

Name  
in  
Full

David H. Flory

## CERTIFICATE OF DEATH

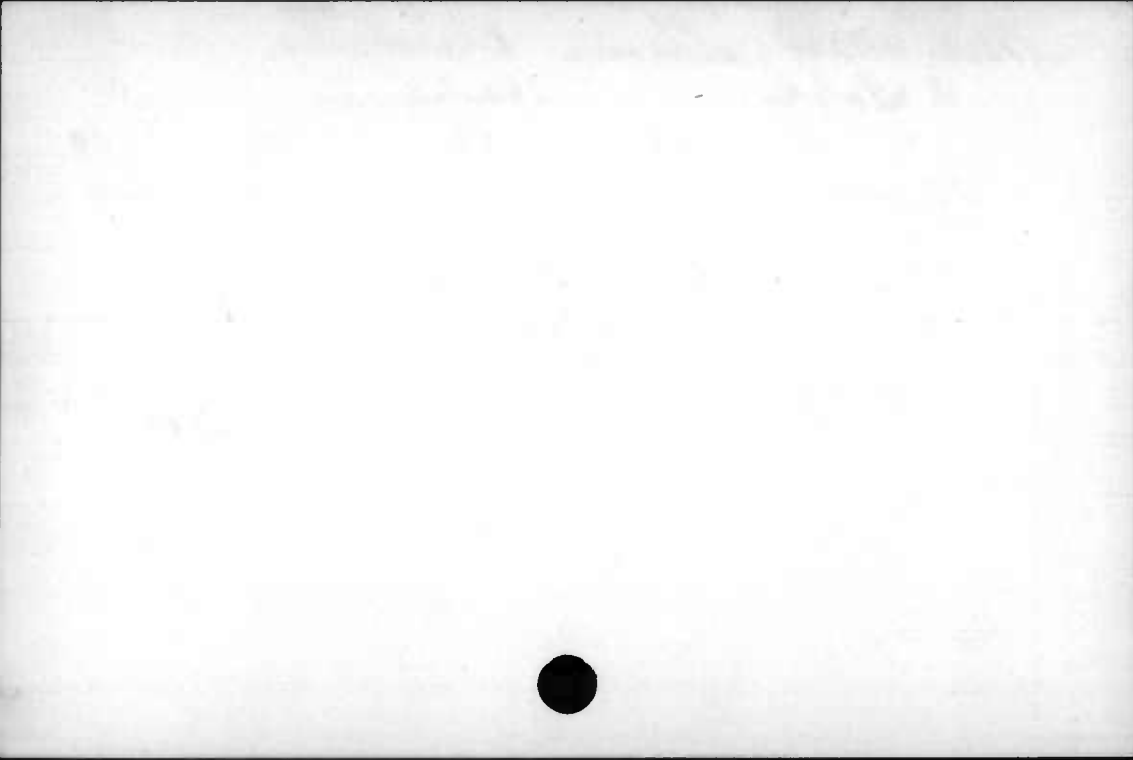
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Clear Spring</u> <sup>Town</sup> <u>Wash</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup> <u>May</u> <sup>Day</sup> <u>22</u> <sup>Years</sup> <u>74</u> <sup>Months</sup> <u>10</u> <sup>Days</sup> <u>18</u>		
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind</u>	
Occupation <u>Merchant</u>	Where Residing if not at place of death		
Married, <del>Single</del> <del>or Widowed</del>	Name of Wife or Husband <u>Hannah Flory</u>		
Father's Name <u>Daniel Flory</u>	Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Catherine A. McQuathan</u>	Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Daniel Flory</u>	How related to deceased <u>Son</u>		

## CAUSES OF DEATH

Primary <u>Senile Gangrene</u> <u>142</u>	How long <u>Month &amp; 20 days</u>
Immediate <u>Gradual Heart Failure</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. P. Perry</u>
	Address <u>Clear Spring</u> <u>Ind</u>
Accident or Suicide?	

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *2 Locks.*

Town

County

*Washington*

MARYLAND

Date

of death 1907

Month

5

Day

12

Years

Age

59

Months

11

Days

10

Sex

*Female*Color or  
Race*white*Birth-  
place*Maryland*Married, Single  
or Widowed

Occupation

Name of ~~Wife or~~  
Husband*Dr. Scott H. Gardner.*Father's  
Name*Samuel Starling*Father's  
BirthplaceMother's  
Maiden Name*Ellen Williams*Mother's  
BirthplaceName of person giving  
Information*Harry Small.*How related  
to deceased*Son*

## CAUSES OF DEATH

*120*PHYSICIAN  
OR CORONER

Primary

*Bright with Valvular Heart Trouble. Six months.*

Immediate

*Prostration*

How long

*Twenty four hours.*Are the name, age, sex, color, date  
and place correctly given above?*yes.*Signature of  
Physician*W. D. Richards Jr.*

Address

*Williamspook Md.*

Accident or Suicide?



Name  
In  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

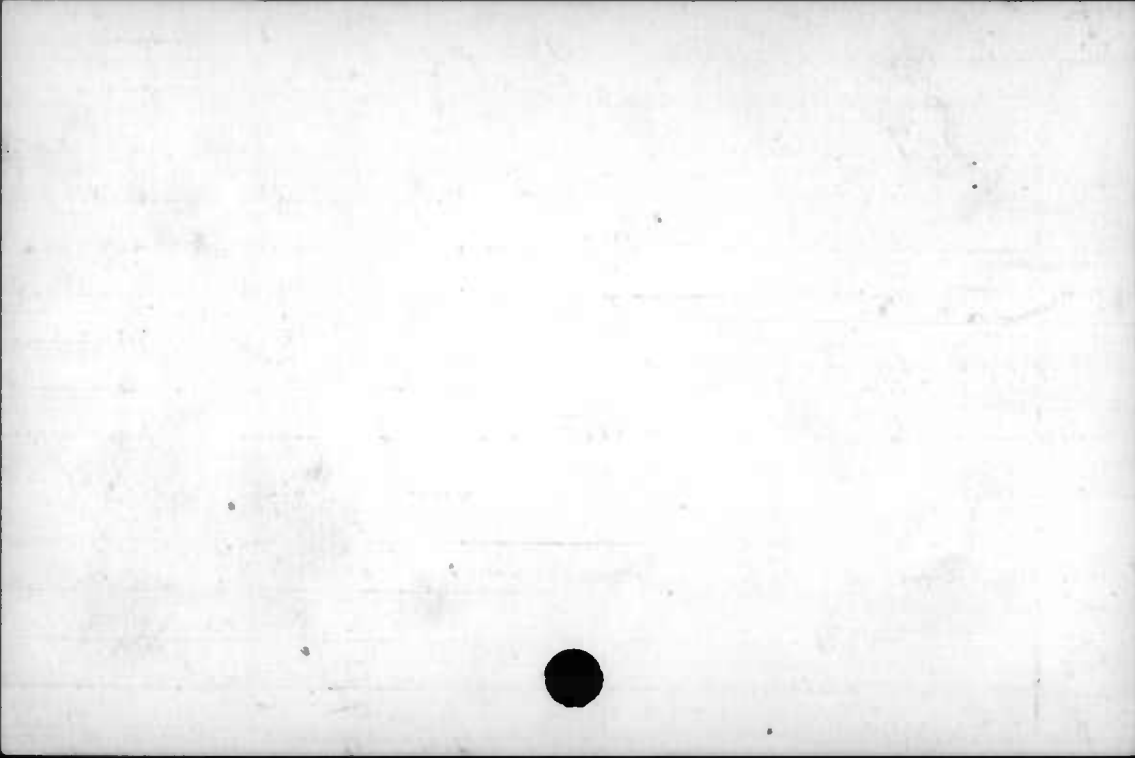
Died at		Town <i>Funkstown</i>		County <i>Washington</i>		State <i>MARYLAND</i>	
Date of death	1907	Month <i>May</i>	Day <i>17</i>	Age <i>59</i>	Years	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place <i>Funkstown</i>				
Occupation <i>Merchant</i>	Where Residing if not at place of death <i>Funkstown</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>Galob. Glass</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Sarah A. [unclear]</i>	Mother's Birthplace <i>Chesler</i>						
Name of person giving in formation <i>Brother</i>		How related to deceased					

CAUSES OF DEATH

(66)

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>4 hours</i>
Immediate <i>Heart Failure</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. J. Wingard</i>
	Address <i>Funkstown</i>
Accident or Suicide? <i>No</i>	<i>Med</i>



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	5	Day	1
Age	4	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Md
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	<i>Robert Goetz</i>			Father's Birthplace	Pa
Mother's Maiden Name	<i>Mary Weller</i>			Mother's Birthplace	Md
Name of person giving information	<i>Raymond Goetz</i>			How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>From April 21.</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>F. M. Hoffmeier</i>
		Address	<i>179 Washington St Hagerstown Md</i>
Accident or Suicide?			

Leaves  
Leavespring

Name  
in  
Full

## CERTIFICATE OF DEATH

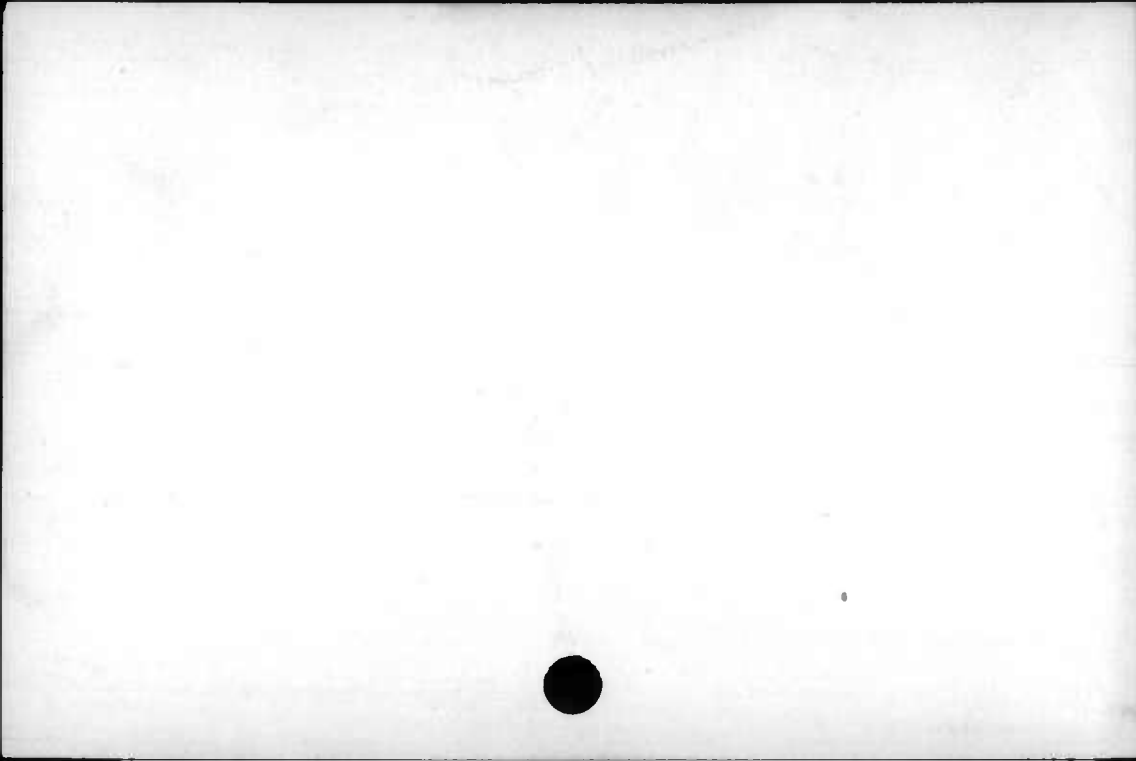
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Martha May Hartman</i>		Town <i>near Smithsburg</i>		County <i>Washington</i>		MARYLAND	
Died at <i>near Smithsburg</i>		Date of death <i>1907</i>		Month <i>5</i> Day <i>28</i>		Age <i>2</i> Years <i>5</i> Months <i>9</i> Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Smithsburg</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>" "</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Frederick P. Hartman</i>		Father's Birthplace <i>Hagerstown</i>					
Mother's Maiden Name <i>Emma K. Cross</i>		Mother's Birthplace <i>Leitersburg</i>					
Name of person giving information <i>Frederick P. Hartman</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Erysipelas</i>	How long <i>18</i>	How long <i>1 1/2 weeks</i>
Immediate <i>Acute Indigestion</i>	How long <i>two days</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Wishard</i>	
	Address <i>Leitersburg Md</i>	
Accident or Suicide?		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lake #4</i>		Town <i>#4</i>		County <i>Wash</i>		MARYLAND	
Date of death	<i>1907</i>	Month	<i>5</i>	Day	<i>2</i>	Years	<i>32</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lake #4</i>		Months	<i>2</i>
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>Thomas Henson</i>				
Father's Name	<i>William H. Shipley</i>					Father's Birthplace	<i>Mercesville Pa</i>
Mother's Maiden Name	<i>Luella Hammond</i>					Mother's Birthplace	<i>Shoptburg</i>
Name of person giving information <i>Thos Henson</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>		How long	<i>6 mos(?)</i>
Immediate	<i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician <i>W. M. Reichard</i>	
			Address <i>Fairplay.</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

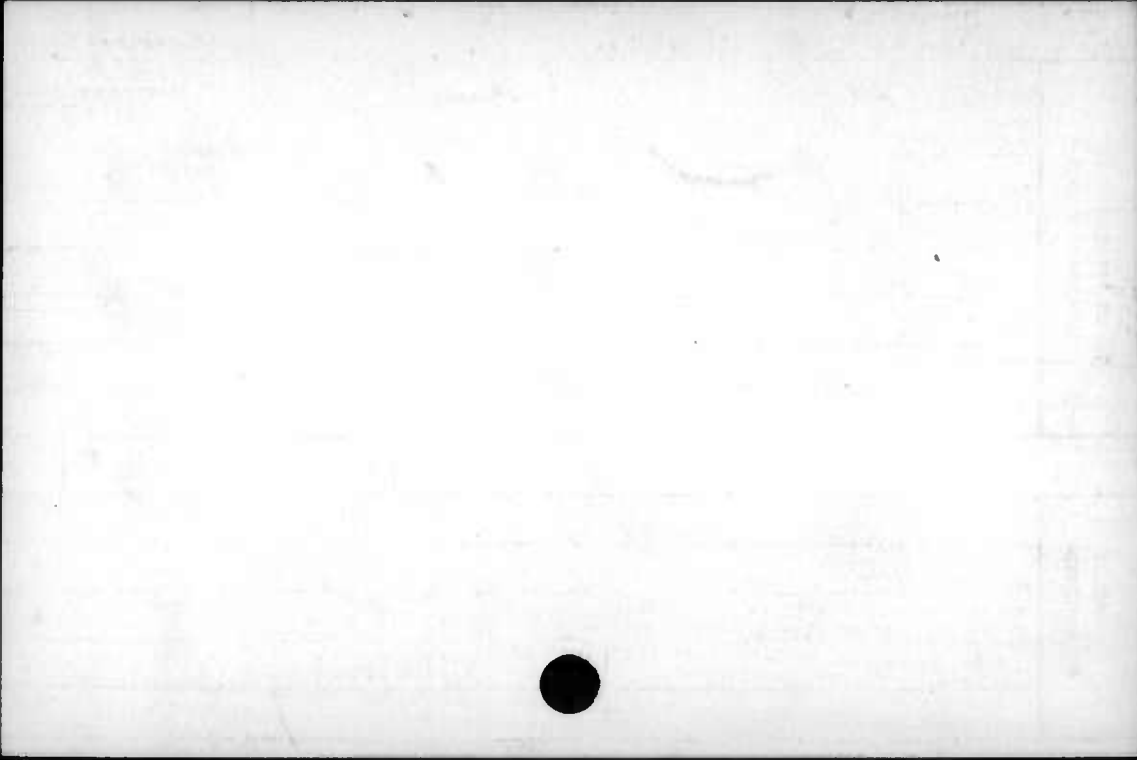
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i>		Town <i>Hagerstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>5</i>	Day <i>1</i>	Age <i>84</i>	Years	Months <i>1</i>	Days <i>15</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>				
Occupation <i>Farmer</i>			Where Residing if not at place of death _____				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Ann M. Lohman</i>					
Father's Name <i>Christian Hoffman</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Anna Newkammer</i>		Mother's Birthplace <i>Not known</i>					
Name of person giving information <i>Mrs. Maryland</i>		How related to deceased <i>Sister Law</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Serility</i>	<i>(154)</i>	How long <i>2 months.</i>
Immediate <i>Cardiac Failure due to</i>	<i>asitis</i>	How long <i>Several hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>A. P. Stuyver</i>	Address <i>Hagerstown, Md</i>
Accident or Suicide? <i>-</i>		



Name  
in  
Full

Still Birth. Holmes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Trego,</u> <sup>Town</sup>		<u>Washington.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907</u>	<u>5</u> <sup>Month</sup>	<u>1</u> <sup>Day</sup>	<u>0</u> <sup>Years</sup>	<u>0</u> <sup>Months</sup>	<u>0</u> <sup>Days</sup>
Sex <u>—</u>	Color or Race <u>white.</u>		Birth-place <u>Trego. Mo.</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>John Holmes.</u>			Father's Birthplace <u>Trego.</u>		
Mother's Maiden Name <u>Betty Daugherty</u>			Mother's Birthplace <u>Trego.</u>		
Name of person giving information <u>"</u>			How related to deceased <u>Mother.</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Still Birth.</u>	(2)	How long <u>—</u>
Immediate			How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>—</u>		Signature of Physician <u>W. D. Baker.</u>	
		Address <u>Rohnersville, Md.</u>	
Accident or Suicide? <u>No.</u>			



Name  
in  
Full

Mrs Matilda Holmes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	5	Day	278
Age	89	Years		Months	
Sex	Female	Color or Race	White	Birth-place	md
Occupation	House work		Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband <i>John Holmes</i>		
Father's Name	Dont know		Father's Birthplace <i>Dont know</i>		
Mother's Maiden Name	Kenjiah Closser		Mother's Birthplace <i>md</i>		
Name of person giving information	Mrs Matkell		How related to deceased <i>Niece</i>		

## CAUSES OF DEATH

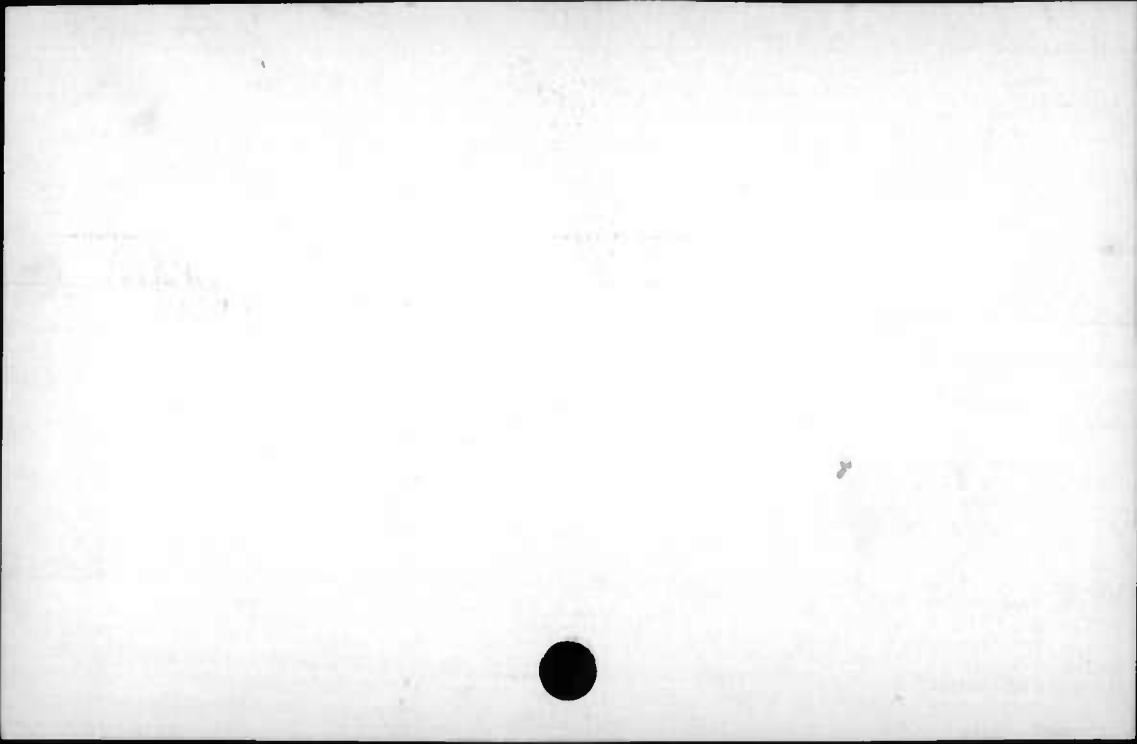
PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	<i>1 yr.</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 yr.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W J Morrison</i>
		Address	<i>Hagerstown md</i>
Accident or Suicide?	<i>No</i>		

to the  
Rohrer



Name in Full		Laura V Steyers				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Boonsboro		Washington		MARYLAND	
	Date of death	1907	Month	May	Day	29	Age	29
	Sex	Female	Color or Race	White		Birth-place	Worcester	
	Occupation	Housewife		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband				
	Father's Name	Geo Corson		Father's Birthplace				
	Mother's Maiden Name	Susan		Mother's Birthplace				
	Name of person giving information	Frank Steyers		How related to deceased				
<div style="text-align: center;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER	Primary		(74)		How long			
	Immediate		Tumor of Brain		How long			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician			
					Address			
	Accident or Suicide?							



Name  
in  
Full

Howard K. Jackson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

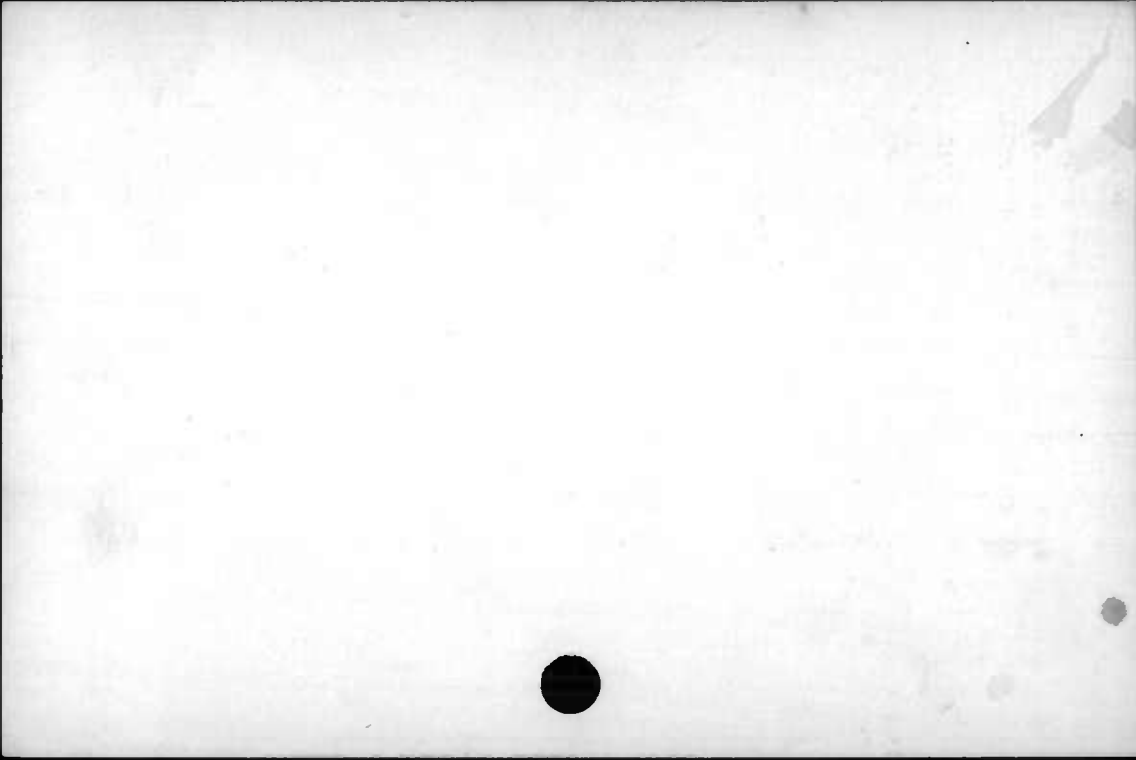
Died at		Town Yanowsburg		County Washington		MARYLAND	
Date of death	190	Month 7	Day 3	Age 17	Years 1	Months 7	Days 7
Sex	Male		Color or Race	Dark		Birth- place	Md
Occupation	_____			Where Residing if not at place of death _____			
Married, Single or Widowed			Name of Wife or Husband _____				
Father's Name			Ernest Jackson			Father's Birthplace	
Mother's Maiden Name			Effie Brackett			Mother's Birthplace	
Name of person giving In formation			Ernest Jackson			How related to deceased	
						Father	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Inanition	How long	7 weeks
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. J. Justice	
Address		Brunsville Md	
Accident or Suicide?			



Name  
in  
Full

Carroll Russel Jamison

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

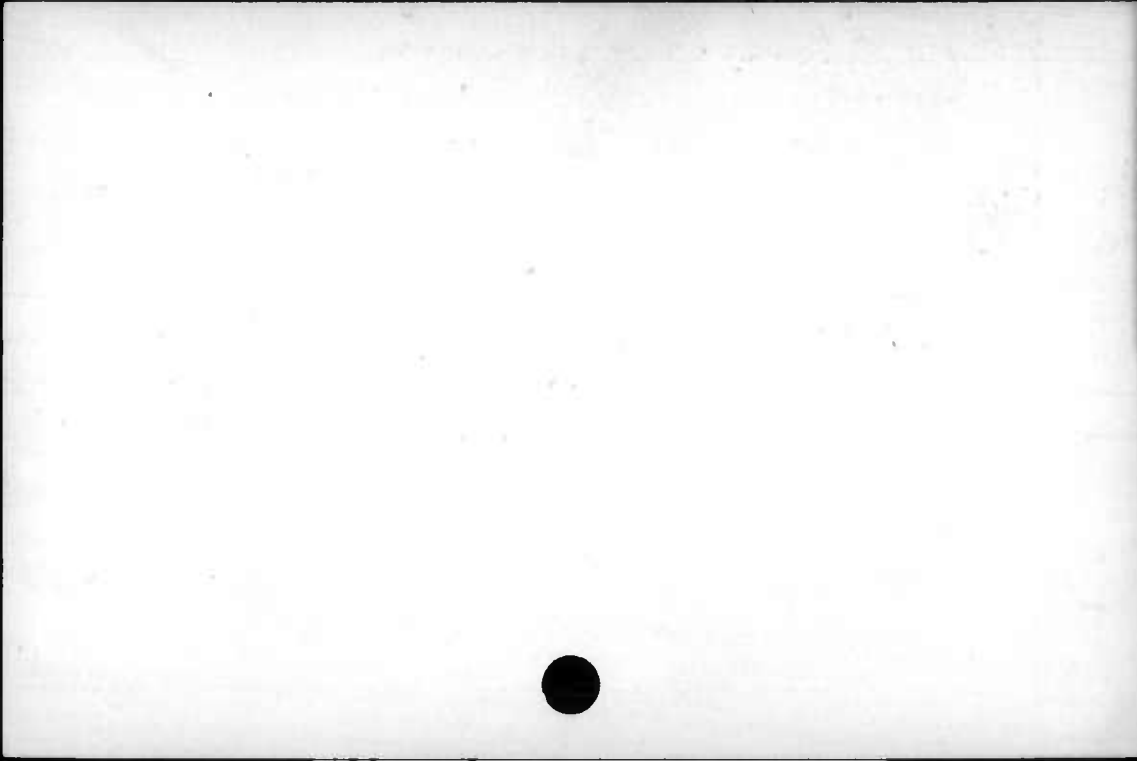
Died at <u>Deerwills</u> <sup>Town</sup>		<u>Wash</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u>	Month <u>5</u>	Day <u>4</u>	Age <u>—</u> Years	Months <u>7</u> Days <u>4</u>
Sex <u>Male</u>	Color or Race <u>21 white</u>		Birth-place <u>Chestnut Grove</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Thos. Jamison</u>			Father's Birthplace <u>Chestnut Grove Md</u>		
Mother's Maiden Name <u>Daisy Wade</u>			Mother's Birthplace <u>Sharpsburg</u>		
Name of person giving information <u>Daisy Jamison</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

(105)

PHYSICIAN  
OR CORONER

Primary <u>Gastro Enteritis</u>	How long <u>2 weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>V. M. Richard</u>
	Address <u>Fairplay</u>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

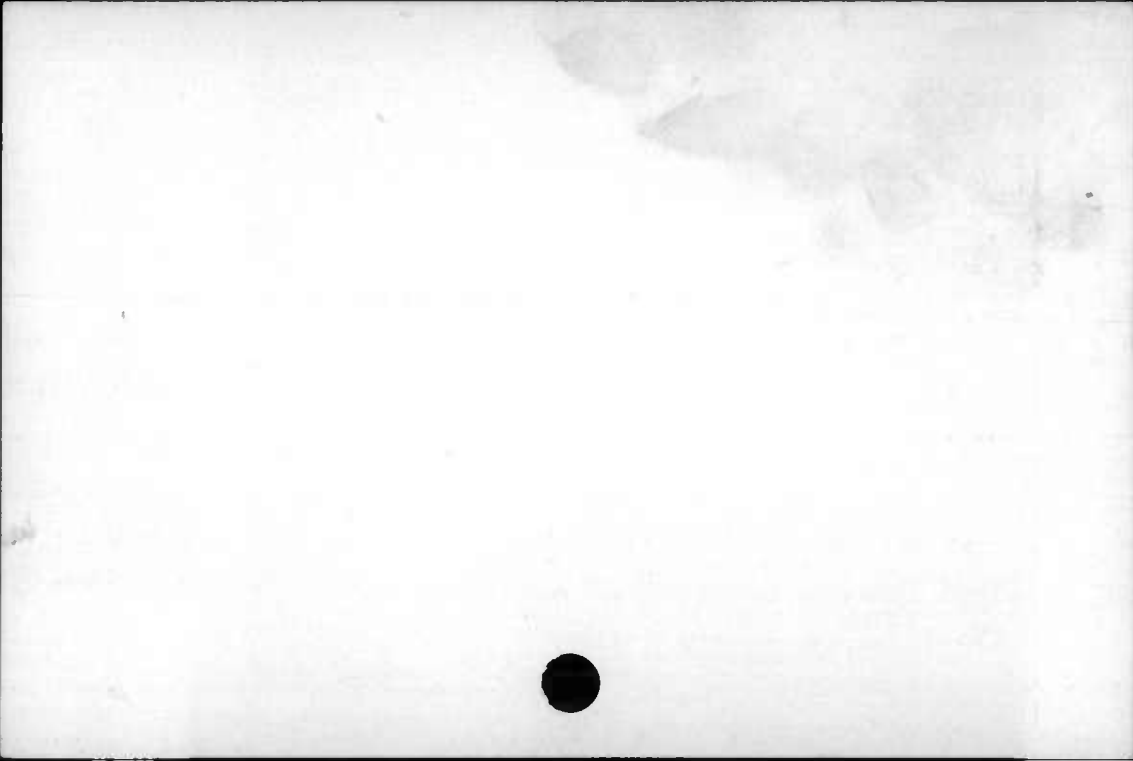
Mip Matilda Johnson		Town		County		MARYLAND	
Died at Mangawville		Washington					
Date of death		1907	Month 5	Day 28	Age 44	Months	Days
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	House work		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Richard Johnson		Father's Birthplace Md				
Mother's Maiden Name	Sarah Ditlow		Mother's Birthplace Md				
Name of person giving information	Richard Johnson		How related to deceased Brother				

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart Disease		How long	about a year
Immediate	Dropsey		How long	one month
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Address	
			Hagerstown Md	
Accident or Suicide?				





Name  
in  
Full

CERTIFICATE OF DEATH

Richard Edwin Jones

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Wash.</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>5</i> <sup>Month</sup>	<i>6</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>4</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>Hagerstown</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Richard E. Jones</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Anna E. Mayer</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>Anna E. Jones</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

**179**

PHYSICIAN  
OR CORONER

Primary <i>Unknown</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. R. Schellu</i>
<i>No</i>	Address <i>Hagerstown</i>
Accident or Suicide? <i>No</i>	

Dickerson  
Dickerson, Montgomery  
Co Ind,

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

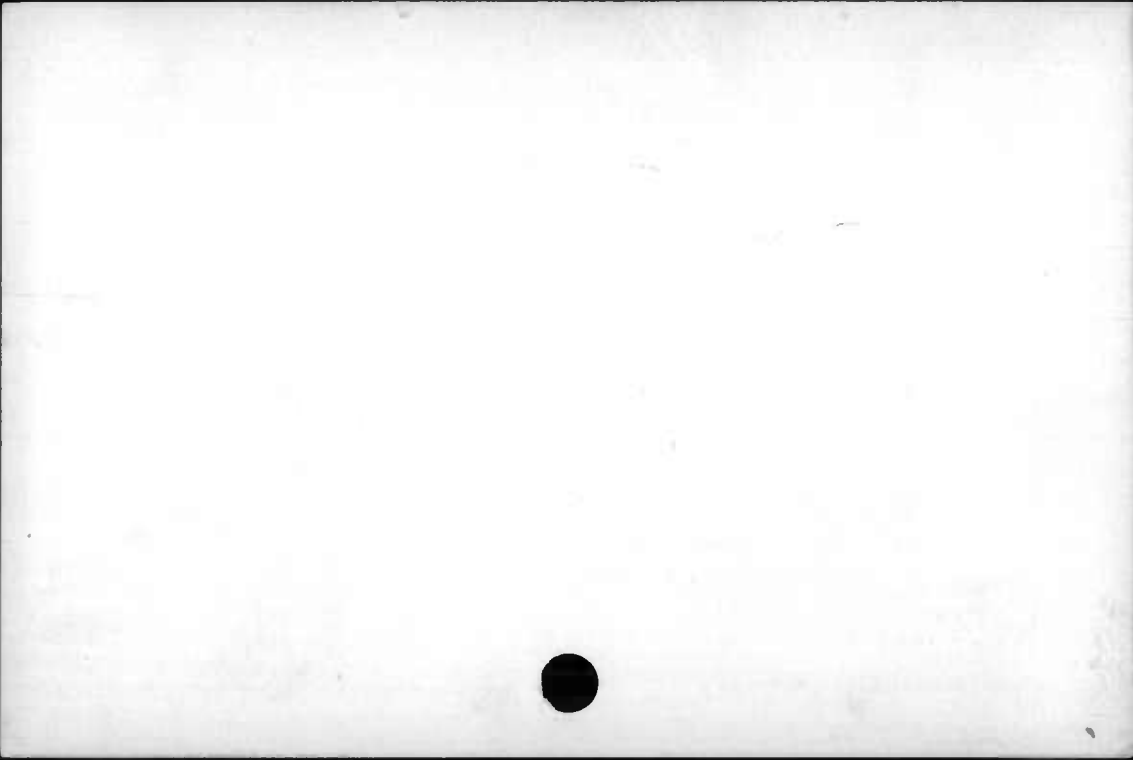
Died at <i>Hagerstown Wash.</i>		County <i>Town</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>May</i>	Day <i>14</i>	Age <i>84</i>	Years <i>0</i> Months <i>0</i> Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Indiansprng</i>				
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Frisby Kelley</i>				
Father's Name <i>Lambert Nickerson</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Catherine</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Frisby Kelley</i>	How related to deceased <i>Husband</i>				

## CAUSES OF DEATH

113

PHYSICIAN  
OR CORONER

Primary <i>Gall Stones</i>	How long <i>1 hr</i>
Immediate <i>Heart Failure following operation</i>	How long <i>1 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>E. J. Mason, M.D.</i>
	Address <i>Clearspring, Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Dargan</b> Town		<b>Mo. Gwinn</b> County		<b>MARYLAND</b>	
Date of death <b>1907</b>	Month <b>May</b>	Day <b>21st</b>	Age	Years	Months <b>18 yrs.</b>
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Dargan, Ind.</b>		
Occupation <b>—</b>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <b>Geo. W. Gwinn</b>		Father's Birthplace <b>Dargan, Ind.</b>			
Mother's Maiden Name <b>Emma Pierce</b>		Mother's Birthplace <b>" "</b>			
Name of person giving information <b>Mrs. Gschelberg</b>		How related to deceased <b>Not related</b>			

## CAUSES OF DEATH

157

PHYSICIAN  
OR CORONER

Primary	<b>Premature Infant</b>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Wm. G. Gwinn</b>
		Address <b>Shelby, Ind.</b>
Accident or Suicide?		

Inc. & Sherry -  
Undertaken

Name  
in  
Full

Adelaide Magnuder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Chewsville		<sup>County</sup> Wash.		MARYLAND	
Date of death	1907	Month	5	Day	16
Age		68		Years	Months
Sex	Female	Color or Race	white	Birth-place	md.
Occupation	H. W.		Where Residing if not at place of death		
Married, Single or Widowed	married	Name of <del>Wife or</del> Husband	John S. G. Magnuder		
Father's Name	Samuel Craley		Father's Birthplace	md.	
Mother's Maiden Name	Harriett Cline		Mother's Birthplace		
Name of person giving information	John S. G. Magnuder		How related to deceased	husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Heart Disease	(79)	How long	Several months
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			J. M. Scott Hagerstown	
Accident or Suicide?				

Brewsville, Md.



Name  
in  
Full

Cora N Mason

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hayestown</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>5-</i>	Day <i>20</i>	Age <i>44</i>	Years <i>-</i> Months <i>-</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Ind</i>			
Occupation <i>House work</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jerre Mason</i>				
Father's Name <i>William Mahony</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Arabella Frances</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Mrs Keeler</i>	How related to deceased <i>None</i>				

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>24 hours</i>
Immediate <i>Heart Failure</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>B. Schuler</i>
	Address <i>Hayestown, Pa.</i>
Accident or Suicide <i>No</i>	

Erasmus  
Hosprad

Name  
in  
Full

*Caleb Michel*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Sharpsburg</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>7</i> <sup>Month</sup> <i>May</i> <sup>Day</sup> <i>22</i> <sup>Year</sup> <i>1906</i>	Age	<i>76</i>	Months	<i>6</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birthplace	<i>Sharpsburg</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>Catherine Jefferson</i>		
Father's Name	<i>Adam Michel</i>		Father's Birthplace	<i>DEAK Co</i>	
Mother's Maiden Name	<i>Nancy Reel</i>		Mother's Birthplace	<i>Sharpsburg</i>	
Name of person giving information	<i>Daisy Michel</i>		How related to deceased	<i>Daughter</i>	

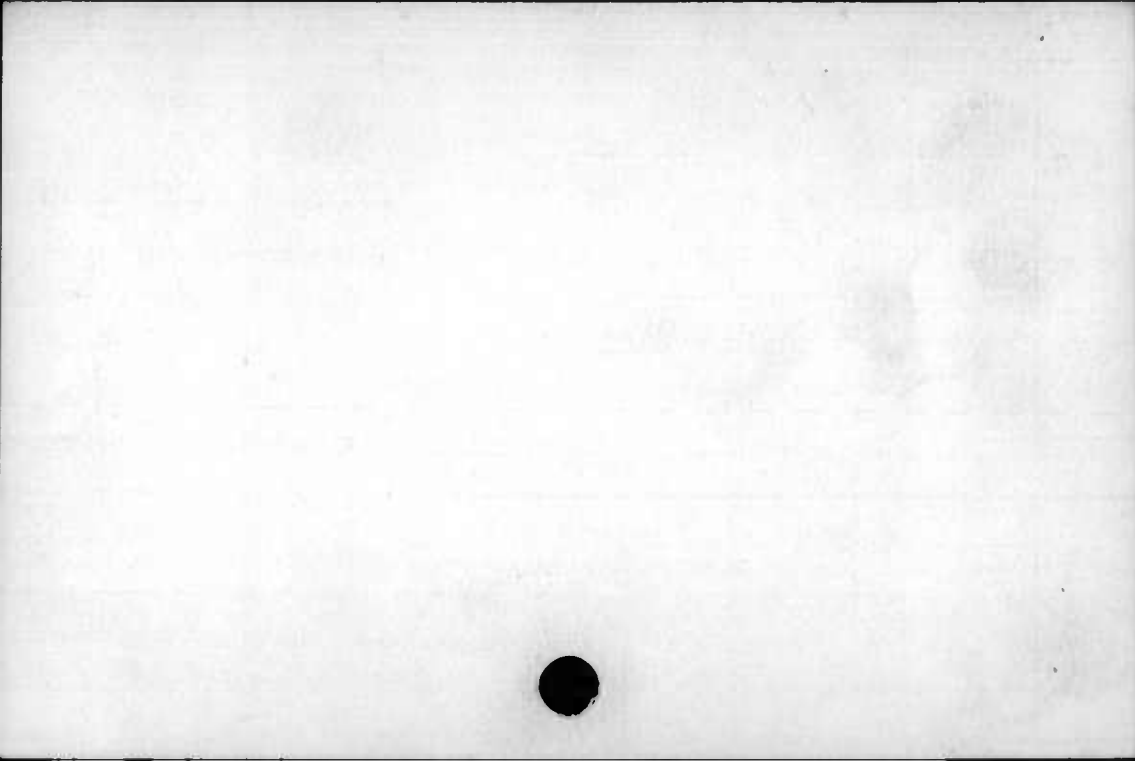
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>General Debility</i>	How long	<i>For several years</i>
Immediate	<i>Paralysis</i>	How long	<i>18 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Howell Goodrum</i>
		Address	<i>Sharpsburg Md</i>
Accident or Suicide?			

Res. Silvae  
Undertaker

Name in Full		Certificate of Death			
Russel D. Middlekauff		Town Hagerstown		County Washington	
Died at		State MARYLAND			
Date of death		Month 5	Day 21	Years 22	Months 4
				Days 12	
Sex Male		Color or Race white		Birth-place Md	
Occupation clerk		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Martin L. Middlekauff		Father's Birthplace Md			
Mother's Maiden Name Elizabeth S. Simpson		Mother's Birthplace Pa			
Name of person giving information M. L. Middlekauff		How related to deceased Father			
CAUSES OF DEATH					
Primary Tuberculosis		How long One year			
Immediate Exhaustion		How long Several months			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician O. H. Rogers			
		Address Hagerstown Md			
Accident or Suicide? no					



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

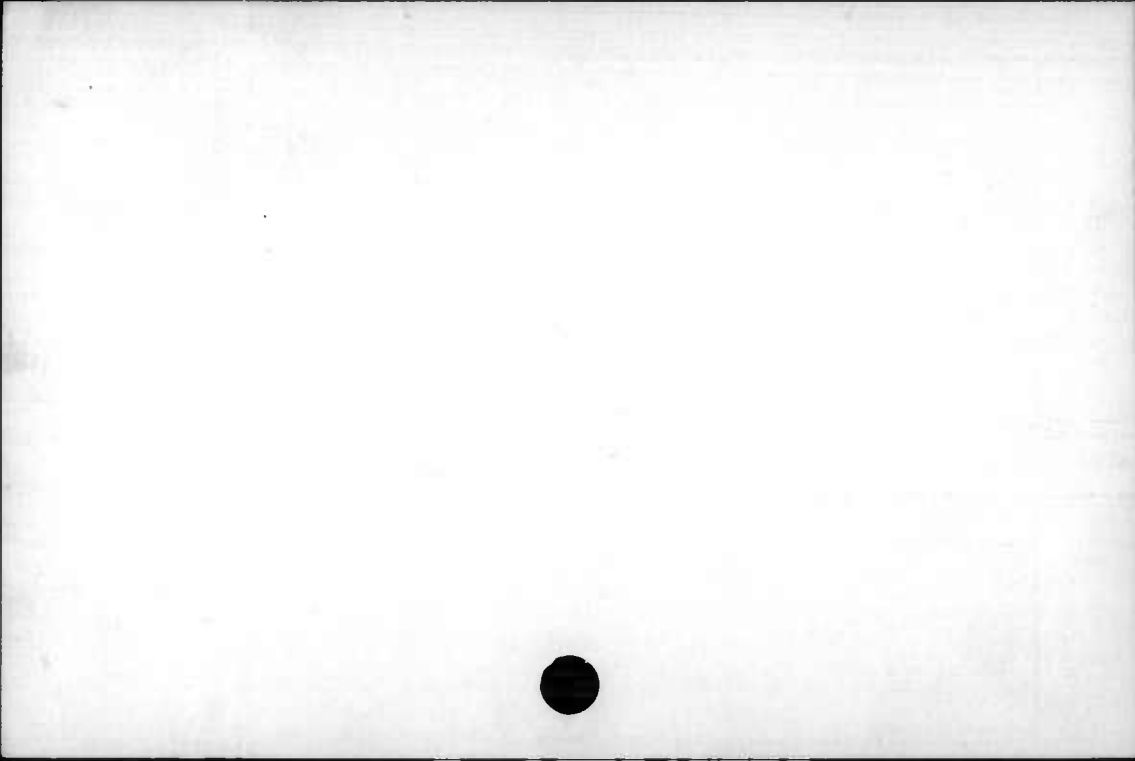
Died at <i>Wils on</i> Town		<i>Washington</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>2nd</i>	Age <i>81</i> Years	Months	Days <i>19</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Frank Co Pa</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>Susanna Mitchell</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Sallie Leckrone</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving Information <i>G. J. Fockler</i>	How related to deceased <i>Son in law</i>				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Senile Debility</i>	How long <i>3 months</i>
Immediate <i>Apoplexy</i>	How long <i>6 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. H. C. Foeter</i>
	Address <i>Chesapeake, Maryland.</i>
Accident or Suicide?	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Still Born Child of W <sup>m</sup> H. Moore		TOWN		COUNTY		MARYLAND	
Died at Hagerstown		Washington					
Date of death 1907		Month 5	Day 25	Age	Years	Months	Days
Sex Male		Color or Race White		Birth-place Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name W <sup>m</sup> H. Moore		Father's Birthplace Md					
Mother's Maiden Name Juliana Conrad		Mother's Birthplace Md					
Name of person giving information		How related to deceased Father					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Still born	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

Watkins

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Unnamed Child of H. D. &amp; Sadie Moose

Died at <sup>Town</sup> Hagerstown <sup>County</sup> Wash MARYLANDDate of death 190 <sup>Month</sup> 7 <sup>Day</sup> 5 <sup>Age</sup> 12 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup> 1

Sex male Color or Race white Birth-place Md.

Occupation — Where Residing if not at place of death —

Married, Single or Widowed single Name of Wife or Husband —

Father's Name H. D. Moose Father's Birthplace North Carolina

Mother's Maiden Name Sadie Walter Mother's Birthplace Virginia

Name of person giving information H. D. Moose How related to deceased father

## CAUSES OF DEATH

Primary Still Born (151) How long —

Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? yes Signature of Physician W B Morrison

Address Hagerstown Md

Accident or Suicide?



Name  
in  
Full

Still Born Neibert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>5-</i>	Day <i>13</i>	Age <i>-</i>	Years <i>-</i>
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>ind</i>		Months <i>-</i>	
Occupation <i>Child</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>			
Father's Name <i>Victor H Neibert</i>		Father's Birthplace <i>Pa</i>			
Mother's Maiden Name <i>Hellie Saunth</i>		Mother's Birthplace <i>Va</i>			
Name of person giving information <i>Victor Neibert</i>		How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Strangulation from Obliquity</i>	How long <i>few minutes</i>
Immediate	<i>✓</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician <i>John D Miller Jr.</i>
		Address <i>Hagerstown ind</i>
Accident or Suicide?	<i>Accident</i>	

Rose Hill  
Lippman

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Edith Larine Nicholas*

Town *Hagerstown* County *Washington* MARYLAND

Died at *Hagerstown*

Date of death 1907 Month *5* Day *28* Age *20* Years Months *—* Days *2*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *John C. Nicholas*

Father's Name *Henry C. Nicholas* Father's Birthplace *Md*

Mother's Maiden Name *Martha J. Nicholas* Mother's Birthplace *Md*

Name of person giving information *—* How related to deceased *Mother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Consumption* (27) How long *One year*

Immediate *Exhaustion* How long *Six hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Daniel C. Watkins*

Address *Hagerstown Md*

Accident or Suicide? *—*

Chewaville,



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	190	Month	5	Day	7	Years	3
Sex	Male		Color or Race	White		Birth- place	Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			John Nickerson			Father's Birthplace	
Mother's Maiden Name			Edith Lorne Shaffer			Mother's Birthplace	
Name of person giving in formation			Mrs Martha Shaffer			How related to deceased	
						Grandmother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis	How long	3 months
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. Daniel A. Cwatkins	
		Address	
		Hagerstown Md	
Accident or Suicide?			

Chewsville

Name  
in  
Full

Charles W. Obits

## CERTIFICATE OF DEATH

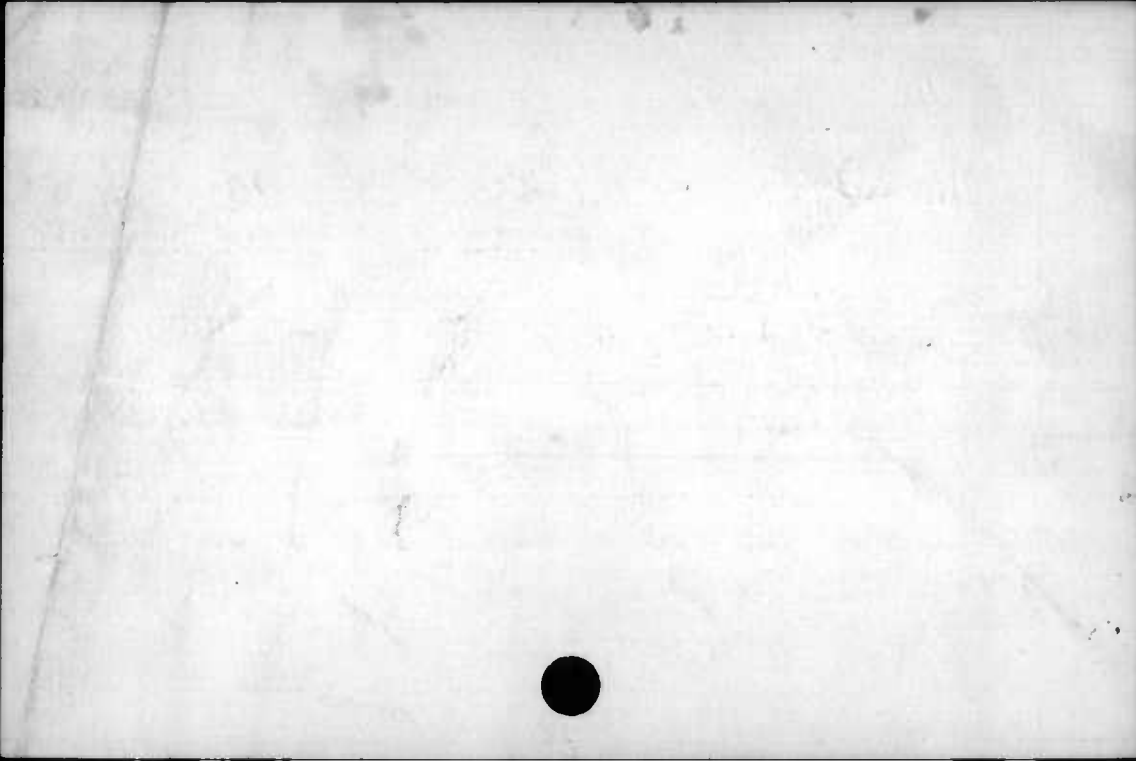
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Williamspport</i> Town		<i>Washington</i> County		MARYLAND	
Date of death	<i>1907</i> Month	<i>May</i> Day	Age	<i>X</i> Years	<i>X</i> Months
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Williamspport</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>					
Father's Name			Father's Birthplace		
<i>Samuel S. Obits</i>			<i>Ind.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Stella Wolf</i>			<i>Ind.</i>		
Name of person giving information			How related to deceased		
<i>Samuel S. Obits</i>			<i>Husbands</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still born</i>	How long	<i>(S)</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>W. S. Richardson</i>	
		Address	
		<i>Williamspport Ind.</i>	
Accident or Suicide? <i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name **James Harvey Rager** Town **Williamsport** County **Washington** MARYLAND

Died at **Williamsport** Date of death **1907** Month **5** Day **6** Age **63** Months **11** Days

Sex **Male** Color or Race **White** Birth-place **Penn.**

Occupation **Blacksmith** Where Residing if not at place of death **Williamsport**

Married, ~~Single~~ **Married** Name of Wife or Husband **Maria Rager**

Father's Name **James Rager** Father's Birthplace **Penn.**

Mother's Maiden Name **Maybusi** Mother's Birthplace **Penn.**

Name of person giving information **Maria Rager** How related to deceased **Wife**

## CAUSES OF DEATH

Primary **Bright's Disease** **(120)** How long **Six months**

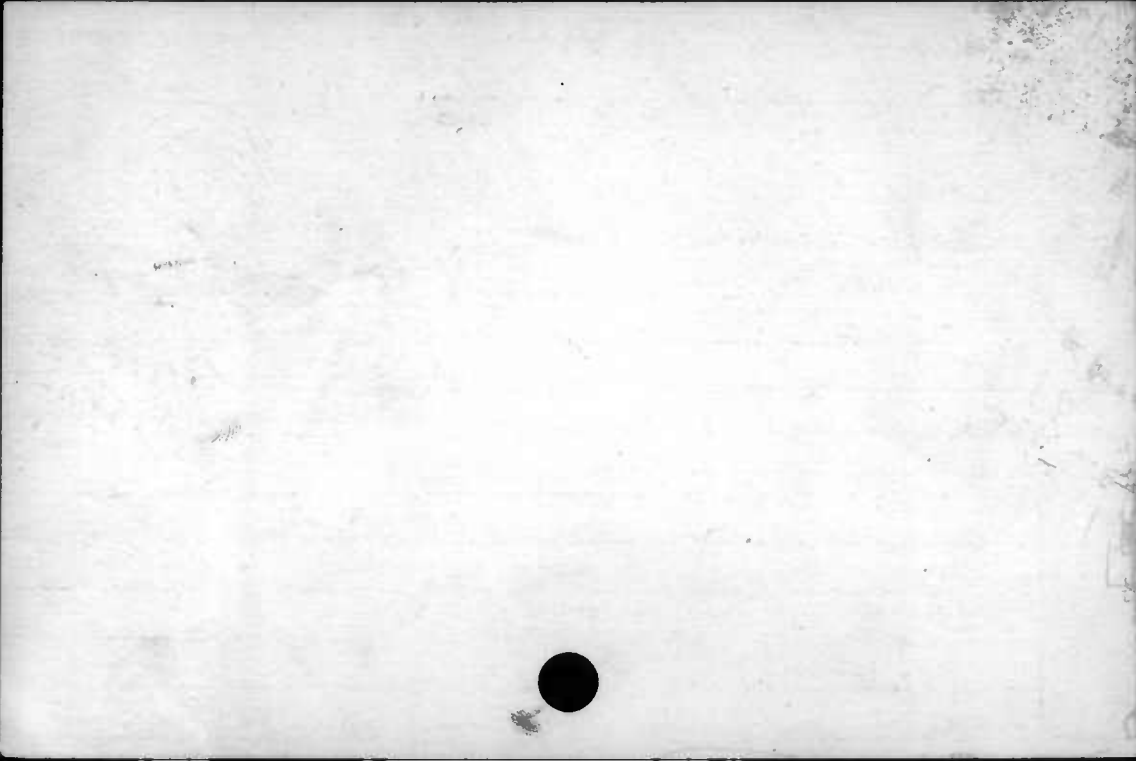
Immediate **Prostration** How long **one week**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician

Address

**W. S. Richardson**  
**Williamsport Md**Accident or Suicide? **No.**



Name  
In  
Full

George E. Renner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

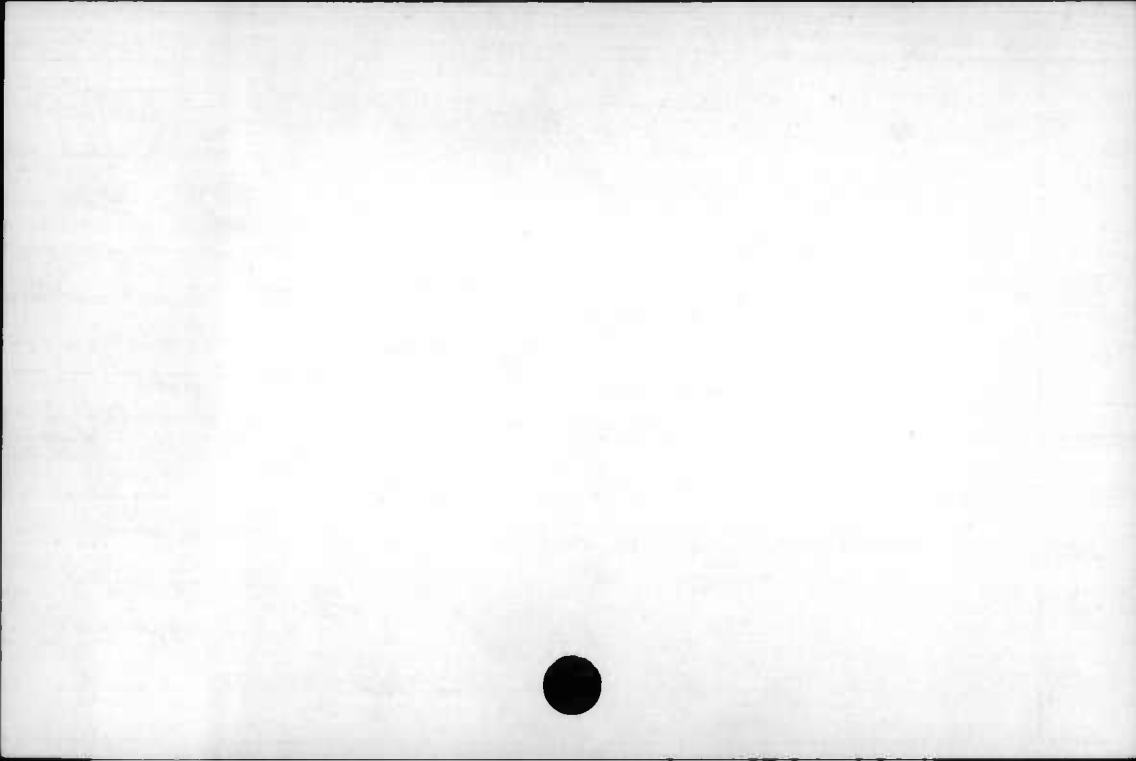
Died at <sup>Town</sup> Hagerstown <sup>County</sup> Wash  
 Date of death 1907 <sup>Month</sup> 5 <sup>Day</sup> 23 Age <sup>Years</sup> 45 <sup>Months</sup> 8 <sup>Days</sup> 1  
 Sex male Color or Race white Birth-place Md.  
 Occupation Laborer Where Residing if not at place of death  
 Married, Single or Widowed married Name of Wife Elmyra Blinn Renner  
 Father's Name Joseph Renner Father's Birthplace Md.  
 Mother's Maiden Name Rebecca Wiles Mother's Birthplace "  
 Name of person giving information Sallie White How related to deceased sister

## CAUSES OF DEATH

10

PHYSICIAN  
OR CORONER

Primary Grippe accompanied with pleurisy How long Two weeks  
 Immediate Pharyngitis How long several days  
 Are the name, age, sex, color, date and place correctly given above? Yes  
 Signature of Physician O. H. C. Ragace  
 Address Hagerstown, Md.  
 Accident or Suicide? No





Name  
in  
Full

Still Born

Ross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	5	Day	23
Age	Years		Months		Days
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Child</i>		Birth-place	<i>Ind</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	<i>Eduard Ross</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Nora Ross</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>Nora Ross</i>		How related to deceased	<i>Mother</i>	

## CAUSES OF DEATH

(150)

PHYSICIAN  
OR CORONER

Primary	<i>Patent Foramen Ovale</i>	How long	<i>3 yrs.</i>
Immediate	<i>Asphyxiation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Daniel G. Watkins</i>
		Address	<i>Hagerstown Ind.</i>
Accident or Suicide?			

Left River  
Roe Hill

Name  
in  
Full

Mrs Anna Maria Sabina Schleicher

CERTIFICATE OF DEATH

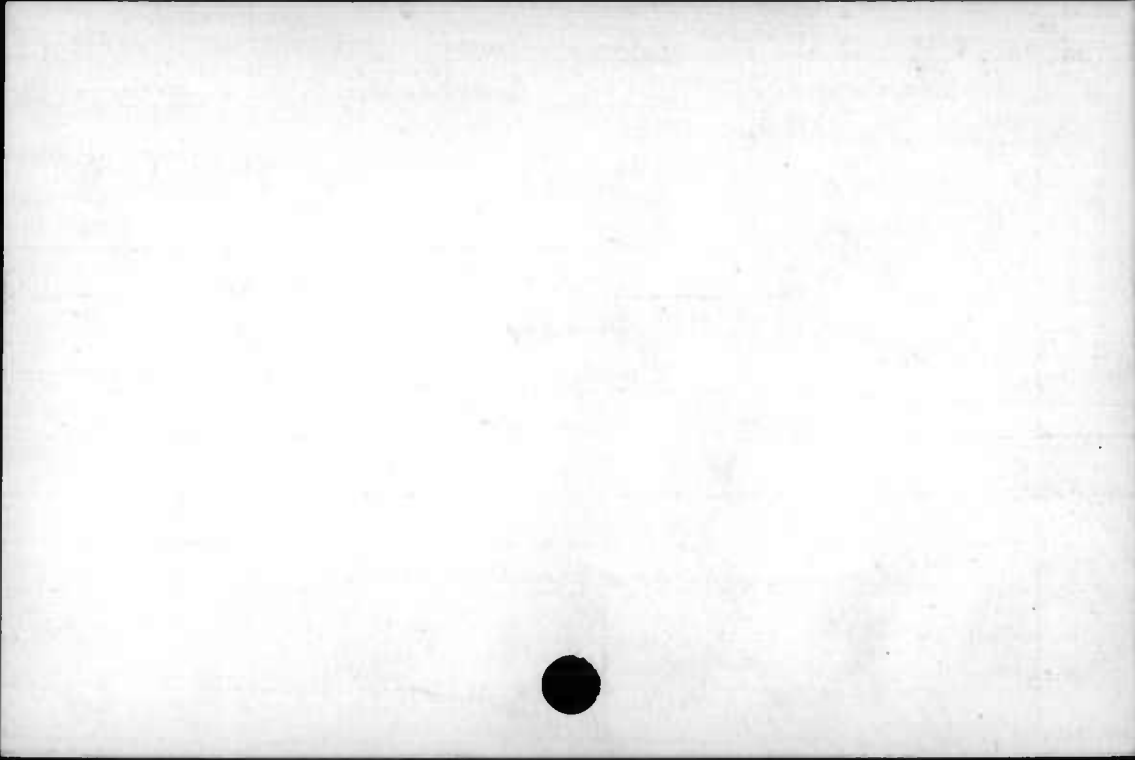
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> <small>Town</small>		<u>Wash</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	Month <u>5</u>	Day <u>27</u>	Age <u>45</u> Years	Months <u>—</u> Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Germany</u>		
Occupation <u>N. W.</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>married</u>	Name of <del>Wife or</del> Husband <u>J. Frederick Schleicher.</u>				
Father's Name <u>Casper H. Rausbach</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Margaret Heimel</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>J. F. Schleicher</u>	How related to deceased <u>husband</u>				

CAUSES OF DEATH

Primary <u>Bright's disease</u>	<u>(120)</u>	How long <u>Four hours</u>
Immediate		How long <u>Four hours</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas Dr. R. H. Schleicher</u>	Address <u>Hagerstown Md</u>
<u>Yes</u>		
Accident or Suicide?		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Florence McLaughlin Shank

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Clearspring <sup>Town</sup> Washington <sup>County</sup> MARYLAND

Date of death 1907 <sup>Month</sup> May <sup>Day</sup> 30 Age <sup>Years</sup> 61 Months 7 Days 1

Sex Female Color or Race White Birth-place Maryland

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of ~~Wife~~ or Husband Abraham Shank

Father's Name Harry McLaughlin Father's Birthplace Maryland

Mother's Maiden Name Catharine Cushman Mother's Birthplace Maryland

Name of person giving information Edwood McLaughlin How related to deceased Brother

## CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

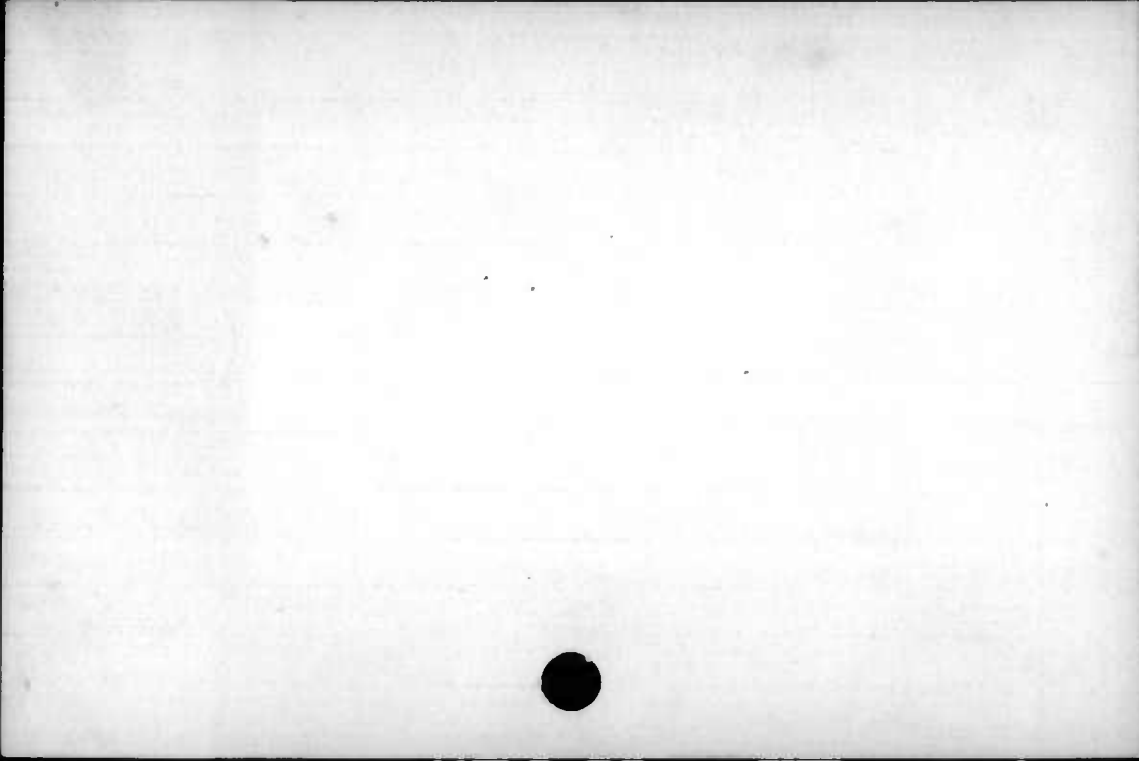
Primary Cerebral Tumor How long 6 months

Immediate Pulmonary Edema & Cardiac Failure How long 15 hours

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Charles T. Mason, M.D.

Address Clearspring, Md

Accident or Suicide?



Name  
in  
Full

W. C. Cornelius &amp; Shean

## CERTIFICATE OF DEATH

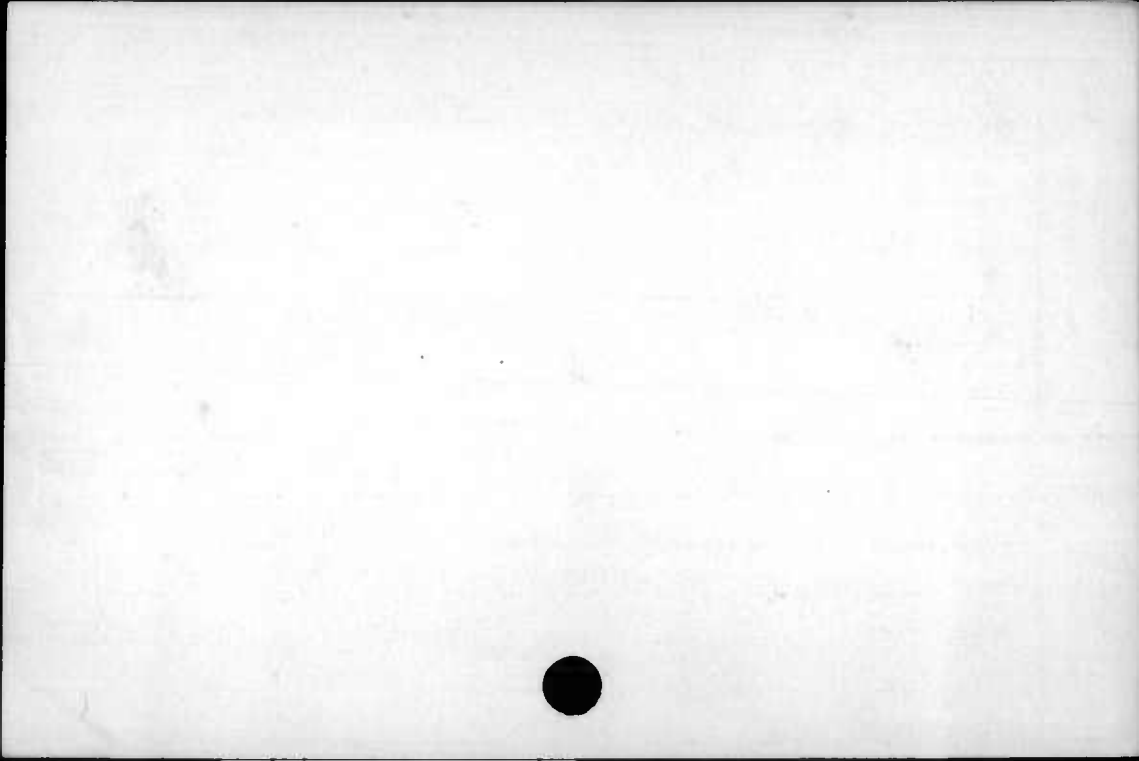
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hagerstown</u> Town		<u>Washington</u> County		MARYLAND	
Date of death	190 <u>5</u>	Month <u>5</u>	Day <u>22</u>	Age <u>41</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>MD</u>		
Occupation <u>Wagon Maker</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Cornelius Shean</u>		Father's Birthplace <u>Ireland</u>			
Mother's Maiden Name <u>Ellen Long</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Thomas A. Hager</u>		How related to deceased <u>Brother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	(27)	How long	<u>Year.</u>
Immediate	<u>Exhaustion</u>		How long	<u>2 weeks.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>E. P. Schell</u>		
Yes. <u>Yes.</u>		Address <u>Hagerstown.</u>		
Accident or Suicide? <u>No.</u>				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dunn # 4</i>		Town <i>Wash</i>		County		MARYLAND	
Date of death <i>1907 May</i>		Month <i>21</i>		Day <i>30</i>		Years <i>7</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Dunn # 4</i>		Months <i>9</i>	
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Stella Seboran</i>					
Father's Name <i>William Shipley</i>		Father's Birthplace <i>Sharpsburg Md</i>					
Mother's Maiden Name <i>Catharine Hamlin</i>		Mother's Birthplace <i>Sharpsburg Md</i>					
Name of person giving information <i>Estella Shipley</i>		How related to deceased <i>Wife</i>					

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>12 hours</i>
Immediate	<i>Sudden Heart Failure</i>	How long	<i>Instantly</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>V.M. Reichard</i>	
		Address <i>Hairplay</i>	
<i>Accident or Suicide?</i>			



Name  
in  
Full

Clarence Earl Shipp

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup> <i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>May</i>	Day <i>17</i>	Age <i>8</i>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth place <i>md</i>	Months <i>6</i> Days <i>6</i>
Occupation <i>Child</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>John A Shipp</i>	Father's Birthplace <i>Pa</i>		
Mother's Maiden Name <i>Annie M. Shipp</i>	Mother's Birthplace <i>md</i>		
Name of person giving information <i>Annie Shipp</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism</i>	How long <i>1 yr.</i>
Immediate <i>Endocarditis &amp; Dilatation of Heart</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D M Shoemaker MD</i>
	Address <i>28 S Potomac St. Hagerstown Md.</i>
Accident or Suicide? <i>—</i>	

to Frances  
Rox Hill

Name  
in  
Full

Walter Reed Shivers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

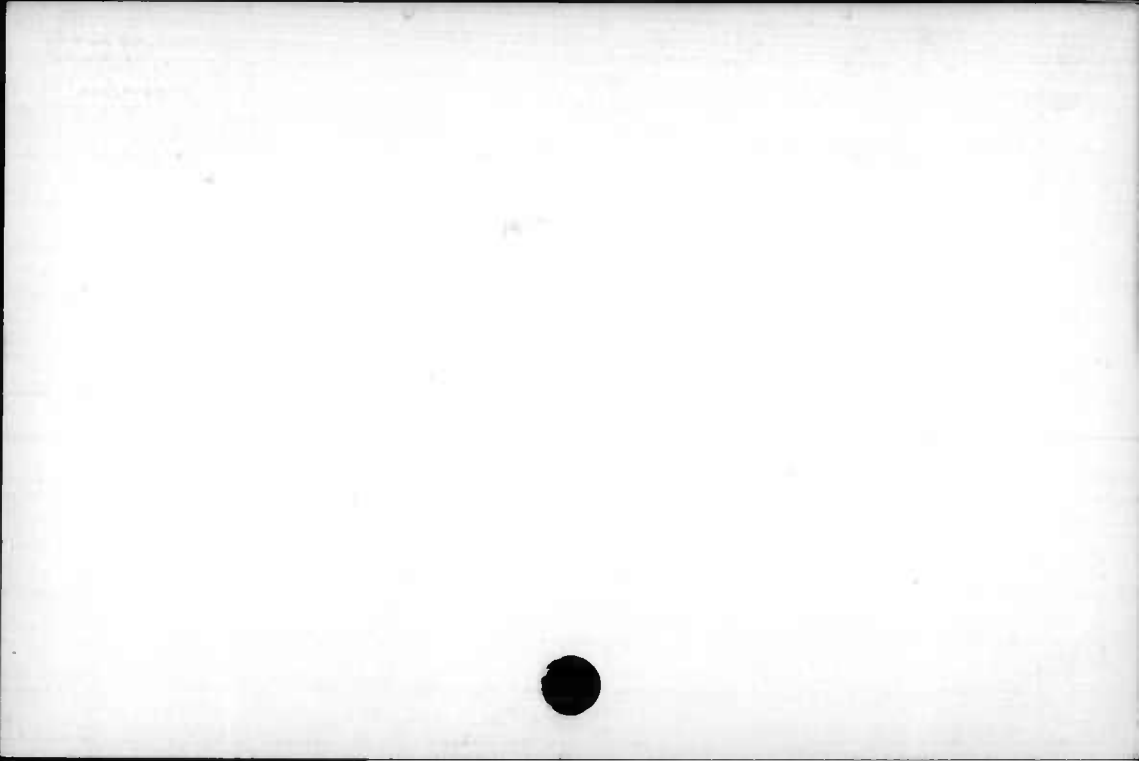
Died at		Town Pecktonville		County Washington		MARYLAND	
Date of death		1907	Month May	Day 27	Age 1	Years 9	Months 9
Sex Male		Color or Race White		Birth- place Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name John Shivers				Father's Birthplace Pa			
Mother's Maiden Name Minnie Mills				Mother's Birthplace Md			
Name of person giving In formation Father				How related to deceased			

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	Indigestion	How long	
Immediate	Spasms	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		P. E. Stigers	
Address		Hancock Md	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Charles M. Smith				CERTIFICATE OF DEATH	
Died at		Town		County		Peruna	
Shippensburg		Franklin		Maryland			
Date of death		Month	Day	Years	Months	Days	
1907		5	30	36	5	10	
Sex	male	Color or Race	white	Birth-place	Md.		
Occupation	R.R. Engineer			Where residing if not at place of death	Hagers town Md.		
Married, Single or Widowed	Married			Name of Wife	Mrs Emma Smith		
Father's Name	William P. Smith			Father's Birthplace	Md.		
Mother's Maiden Name	Mary M. Martin			Mother's Birthplace	Md.		
Name of person giving information	Mrs Harry Smith			How related to deceased	brother		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Scalded & Burned	How long	
Immediate	in R. R. Accident.	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		M. G. Barbour	
Address		Shippensburg, Peruna	
Accident or Suicide?			

Taneyston, Md.



Name  
in  
Full

Amos Spelman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

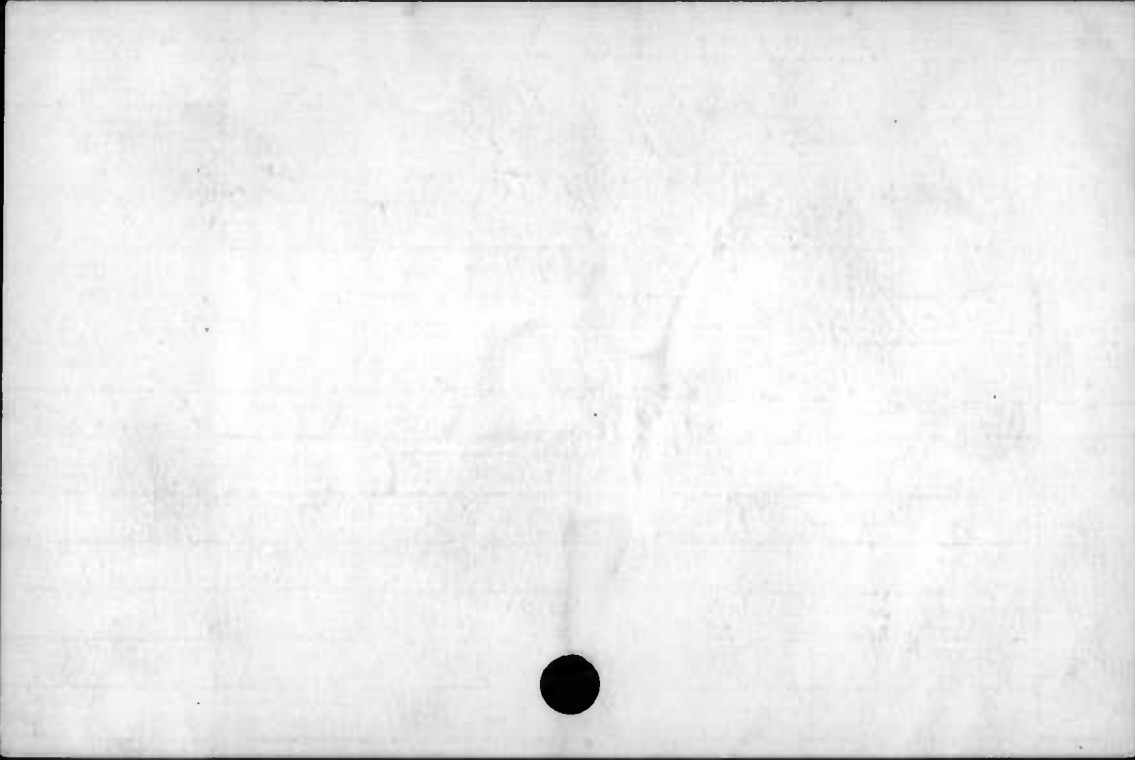
Died at <i>Williamstown</i>		County <i>Washington</i>		MARYLAND	
Date of death <i>190</i>	Month <i>5</i>	Day <i>18</i>	Age <i>16</i>	Months <i>6</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Indian Spring</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>X</i>				
Father's Name <i>L. J. Spelman</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Mills</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>L. J. Spelman</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

(93)

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia - acute Labor.</i>	How long <i>Two days</i>
Immediate <i>Prostration</i>	How long <i>one hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Richard J. Williams</i>
	Address <i>Williamstown Md.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Frieda Pearl Spielman

## CERTIFICATE OF DEATH

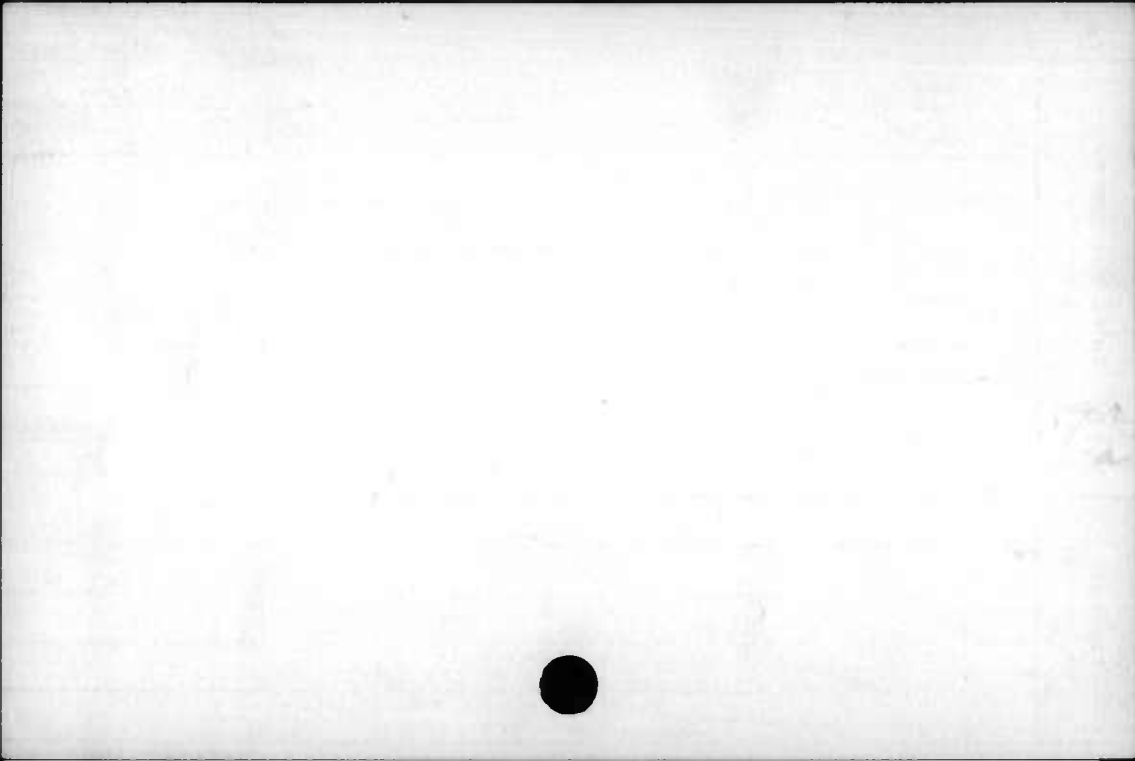
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hagerstown</i>		<sup>County</sup> <i>Washington</i>		MARYLAND	
Date of death	1907	Month	5	Day	21
Age	25	Years	8	Months	21
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Md.</i>
Occupation	<i>Shop girl</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>James H. Spielman</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Annie M. Zashbaugh</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>James Spielman</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis pulmonalis</i>	(27)	How long	<i>4 1/2 months</i>
Immediate	<i>Oedema of lungs</i>		How long	<i>six hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	Signature of Physician	
			<i>D. M. Shoemaker M.D.</i>	
			Address	
			<i>28 S. Patomac st</i>	
			<i>Hagerstown Maryland</i>	
Accident or Suicide?		<i>Neither</i>		



Name  
in  
Full

Stillborn child of G. A. & S. J. Thomas

CERTIFICATE OF DEATH

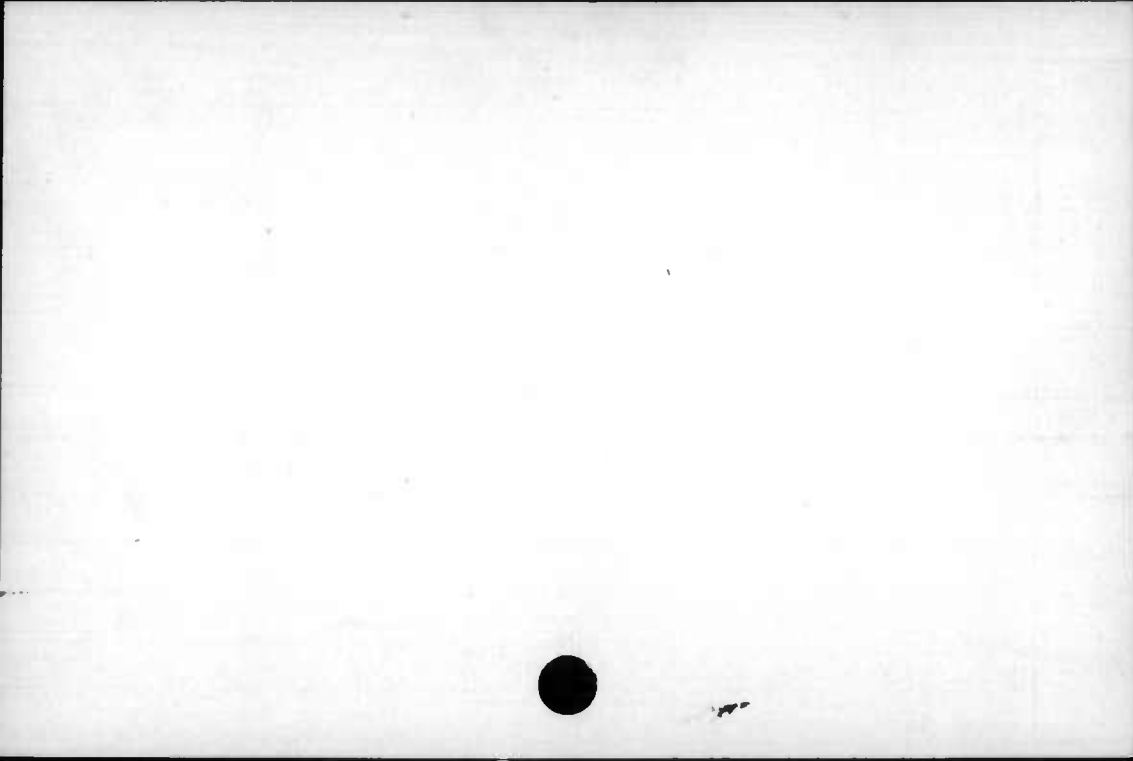
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hagerstown</i> <sup>Town</sup>		<i>Washington</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	<i>5</i> <sup>Month</sup>	<i>8</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Md.</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>George A. Thomas</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Sophia J. Wiberley</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>G. A. Thomas</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long <i>—</i>
Immediate		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>—</i>
<i>E. McSchindel</i>		Address <i>Hagerstown Md</i>
Accident or Suicide? <i>—</i>		



Name  
in  
Full

Stillborn child of G. A. + S. J. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

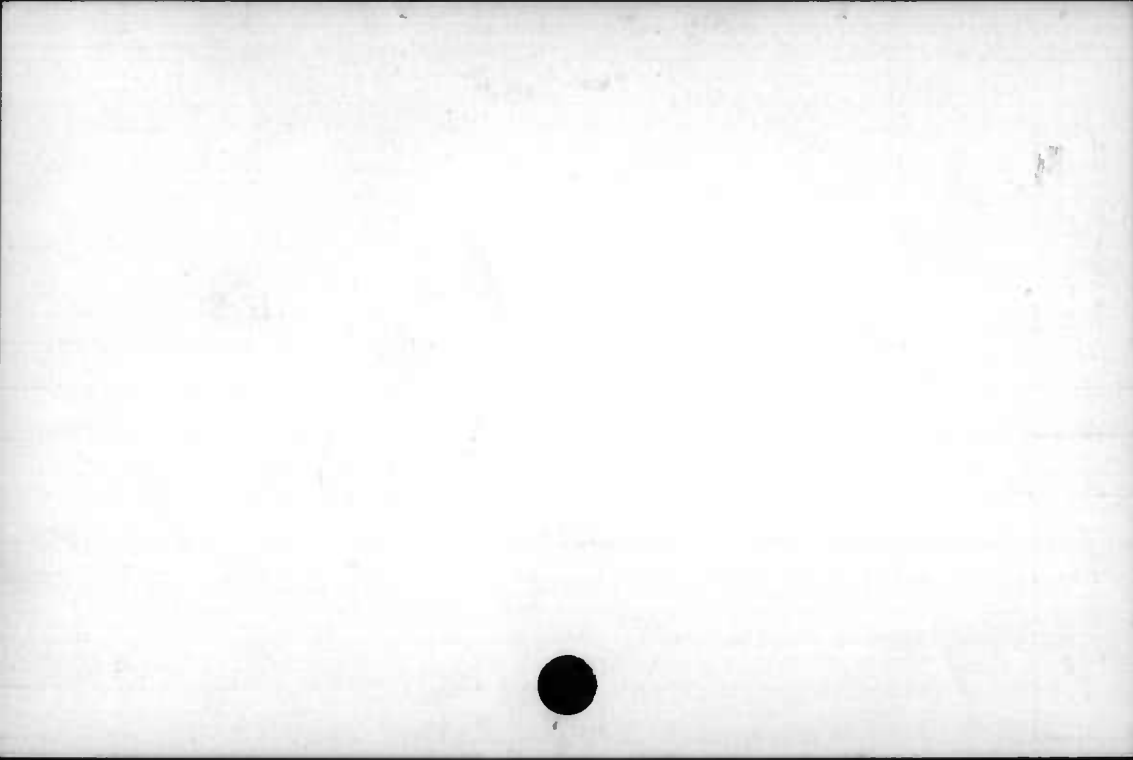
Died at <u>Hagerstown</u> <sup>Town</sup>		<u>Washington</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	5	Day	8
Age		Years		Months	Days
Sex	male		Color or Race	white	
Occupation			Birth-place	Md	
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		George A. Thomas		Father's Birthplace	
Mother's Maiden Name		Sophia J. Wilberley		W. Va.	
Name of person giving information		G. A. Thomas		Mother's Birthplace	
				Md.	
				How related to deceased	
				father	

CAUSES OF DEATH

(8)

PHYSICIAN  
OR CORONER

Primary	<u>Still Born</u>		How long	<u>                    </u>
Immediate			How long	<u>                    </u>
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		Address		
<u>E. H. Schindee</u>		<u>Hagerstown, Md</u>		
Accident or Suicide?		<u>                    </u>		





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY.  
NEAREST FRIEND

Name *Mrs. Malinda Walters*

Died at *Hagerstown* <sup>Town</sup> *Washington* <sup>County</sup> **MARYLAND**

Date of death *1907* <sup>Month</sup> *5* <sup>Day</sup> *31* <sup>Years</sup> *87* <sup>Months</sup> *—* <sup>Days</sup> *—*

Sex *Female* Color or Race *White* Birth-place *MD*

Occupation *House work* Where Residing if not at place of death *—*

Married, ~~Single~~ <sup>or Widowed</sup> Name of Wife or Husband *Simon Walters*

Father's Name *Henry Robinson* Father's Birthplace *Pa*

Mother's Maiden Name *Susan Mull* Mother's Birthplace *Pa*

Name of person giving information *Simon Walters* How related to deceased *Husband*

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary *Infirmity old age* How long *Six months*

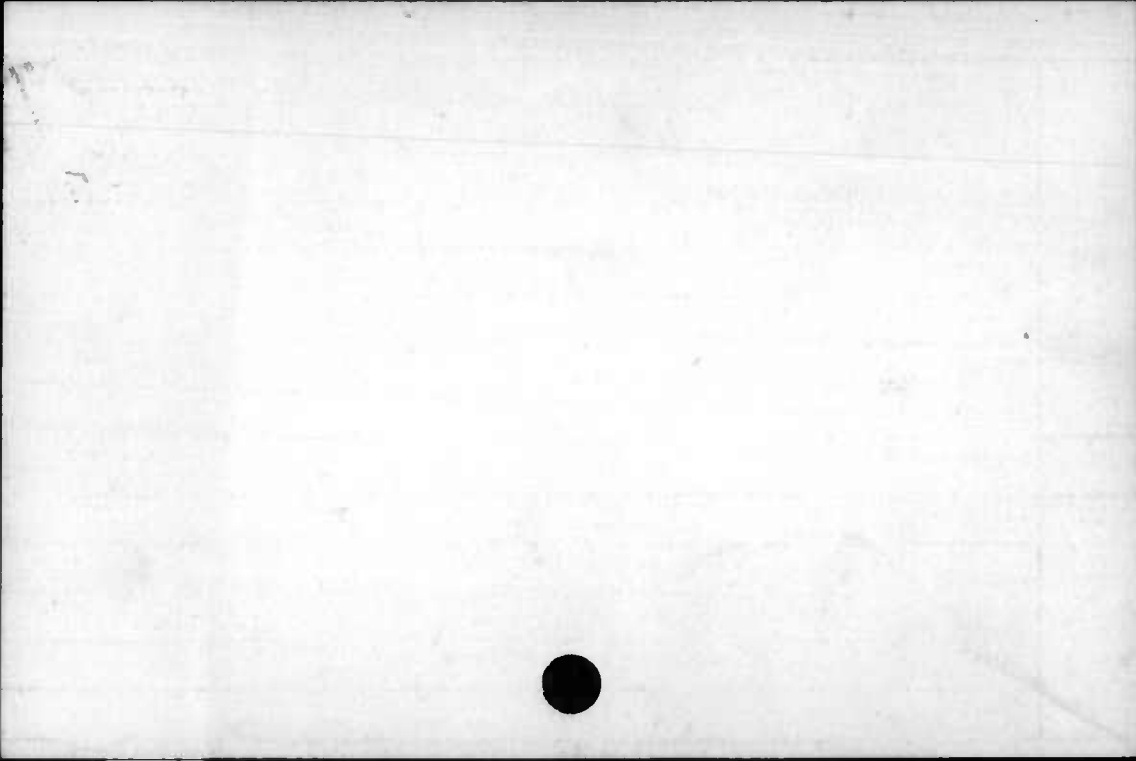
Immediate *Heart failure* How long *Three months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *SW Mustat M.D.*

Address *Hagerstown Md*

Accident or Suicide?



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Muriel Wasson</i>		Town <i>Hagerstown</i>		County <i>Wash</i>		State <i>MARYLAND</i>	
Died at <i>Hagerstown</i>		Month <i>5</i>		Day <i>22</i>		Age <i>6</i>	
Date of death <i>1907</i>		Years <i>10</i>		Months <i>10</i>		Days <i>—</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>J. Reuben Wasson</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Grace C. Englebright</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>J. R. Wasson</i>		How related to deceased <i>father</i>					

## CAUSES OF DEATH

How long

*3 days*

How long

Primary

*Membranous Croup*

Immediate

*Exhaustion*

Are the name, age, sex, color, date and place correctly given above?

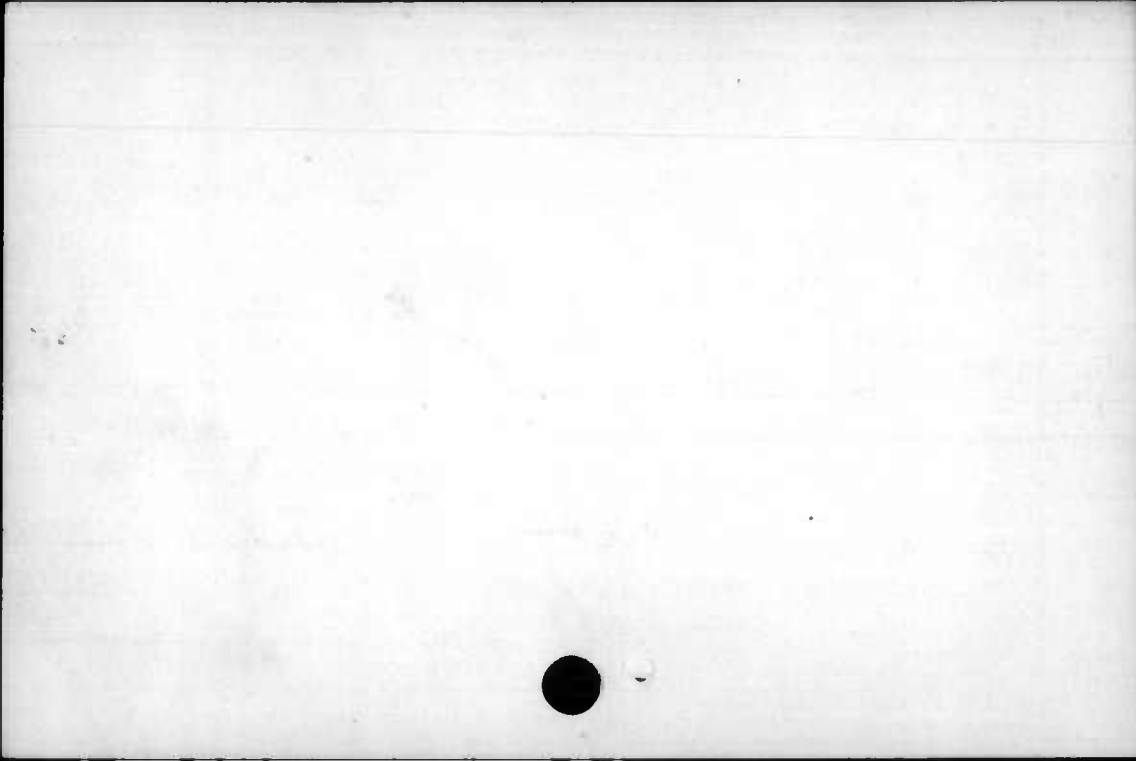
*Yes*

Signature of Physician

Address

*H. H. Derr.*  
*Hagerstown*  
*Md.*

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

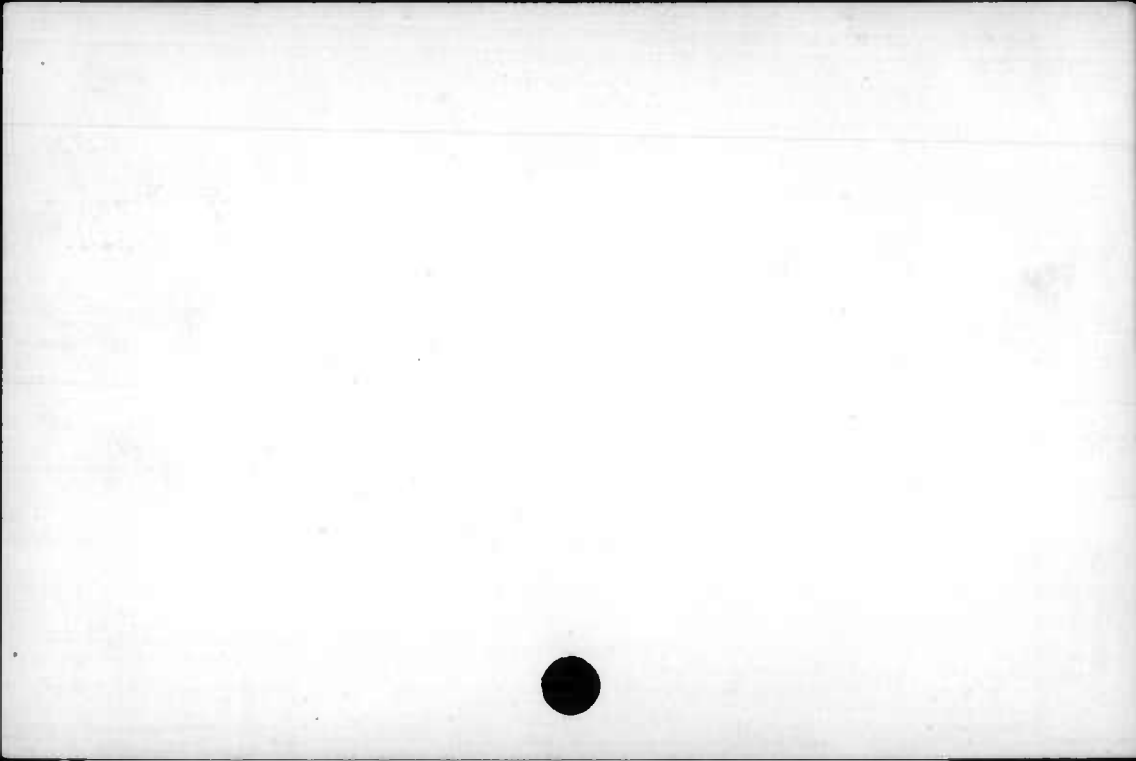
Died at <i>Fairplay</i> Town		County <i>Hash</i>		MARYLAND	
Date of death	1907	Month	May	Day	25
Age	52	Years	7	Months	22
Sex	Male	Color or Race	White	Birth-place	Fairplay Md
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Fannie Shetty		
Father's Name	Samuel Shetty		Father's Birthplace	Wash Co. Md	
Mother's Maiden Name	Rebecca Dean		Mother's Birthplace	Middletown	
Name of person giving information	Fannie Shetty		How related to deceased	Wife	

## CAUSES OF DEATH

80

PHYSICIAN  
OR CORONER

Primary	Valvular Heart Disease	How long	2 years
Immediate	Angina Pectoris	How long	Immediate
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	U. M. Reichard
yes		Address	Fairplay, Md.
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dry Run</i> <small>Town</small>		<i>Washington</i> <small>County</small>		MARYLAND	
Date of death	<i>1907</i>	Month <i>5</i>	Day <i>1</i>	Age <i>76</i> <small>Years</small>	<i>8</i> <small>Months</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
<input checked="" type="checkbox"/> Married, Single or Widowed		Name of Wife or Husband <i>Christian Yetter</i>			
Father's Name <i>Josiah Hershner</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Catherine Stine</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Rosa Cunningham</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

62

PHYSICIAN  
OR CORONER

Primary	<i>Locomotor Ataxia</i>	How long	<i>1 year</i>
Immediate	<i>Old age &amp; exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Harry Ritzmaund</i>	
		Address <i>Fairview Ind</i>	
Accident or Suicide?			

